

# Denti-Cal Bulletin



VOLUME 20, NUMBER 1 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2004

## **FIVE PERCENT (5%) PROVIDER RATE REDUCTION**

The five percent (5%) provider rate reduction for all Medi-Cal services, as explained in two Denti-Cal Bulletins (November 2003, Volume 19, Number 33 and December 2003, Volume 19, Number 36), initially scheduled to be effective for dates of service on or after January 1, 2004, has been delayed due to a court decision. However, the 5% reduction will go into effect for CTP and CMSP programs.

*Providers should continue to bill their usual and customary fees.*

If you have any questions about the new rates, please call Denti-Cal toll-free at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 2 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2004

## NEW AID CODES 8W, 8X AND 8Y FOR THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) GATEWAY

On July 1, 2003, Child Health and Disability Prevention (CHDP) medical providers (not dental providers) began pre-enrolling eligible low-income children under 19 years of age into the new CHDP Gateway. CHDP Gateway providers encourage parents to apply for health care coverage for their children through Medi-Cal or Healthy Families. The children are eligible to receive **full-scope, fee-for-service Medi-Cal and Denti-Cal benefits** during the month of application and the following month, or until the processing of their application is complete. **Denti-Cal reimbursement rates for children eligible for this temporary coverage are the same as the usual Denti-Cal rates.** Children who are not eligible for either program will continue to receive CHDP services in accordance with the CHDP periodicity table. CHDP benefits do not include dental benefits. Aid codes 8W and 8X are eligible for full scope and 8Y is CHDP only, with no dental services available.

The CHDP Gateway was first described in Denti-Cal Bulletin Volume 19, Number 10 (March 2003). Please refer to that Bulletin for additional information about the Gateway. Since the Gateway began, several issues have arisen that may be of interest to Denti-Cal providers:

- Because some children may be eligible for only 1-2 months, it is very important for children with temporary Medi-Cal eligibility to be seen as quickly as possible. A number of offices and clinics have responded by setting aside a block of time to see these children.
- Children enrolled through the Gateway will ordinarily receive their BIC ID card within 10 days of enrollment. In the interim, they will have an "immediate eligibility document," which will be either a copy of a printout from an Internet website or a Point of Service (POS) device receipt similar to a gas station pump receipt. This document will have the patient's BIC ID number on it, and **it is an acceptable form of identification that should be accepted** until the BIC ID card is received. In any event, regardless of whether the patient presents a BIC ID card or a paper immediate eligibility document, **you should always check a beneficiary's eligibility status at each visit.** Examples of the Internet and POS device documents are at the end of this bulletin.
- The immediate eligibility document can contain several different messages, so it is important to read the response messages carefully. You should **check eligibility for every patient at every visit**, regardless of what the response message says. Patients with messages that say, "You are temporarily eligible for full scope Medi-Cal through..." should be treated like any other full scope Medi-Cal patient (**but you should still check eligibility**).

For example, patients with messages that say, "You are temporarily eligible for CHDP services through..." do **not** have full scope Medi-Cal services. They are only eligible for

CHDP and emergency Medi-Cal services. Those with emergency Medi-Cal eligibility may be eligible for some dental benefits, which you can determine by checking their Aid Code and referring to your Denti-Cal Provider Manual. Those who are only eligible for CHDP services (i.e., those who are not eligible for full scope Medi-Cal or Healthy Families coverage) should be referred back to the local CHDP program (see below) to learn about other dental programs that may be available to them. ***Again, aid codes 8W and 8X are eligible for full scope and 8Y is CHDP only, with no dental services available.***

- Children who are determined ineligible for temporary Medi-Cal coverage through the Gateway may be assigned other emergency or pregnancy-related Medi-Cal Aid Codes. If a child must switch dentists because they were unable to complete treatment prior to termination of their temporary Medi-Cal coverage, we encourage you to provide the child's treatment plan and radiographs to their new dentist to prevent unnecessary duplication of costs.
- Because of the short period of eligibility for some children, it will be helpful if you allow your name and phone number to be distributed to CHDP medical providers. If you are willing to do this, please call your local CHDP office to be included on a referral list. You can find your local CHDP office at [www.dhs.ca.gov/pcfh/cms/chdp/directory.htm](http://www.dhs.ca.gov/pcfh/cms/chdp/directory.htm). Also, if you are able to accommodate children eligible for the Gateway on short notice, and there are CHDP medical providers you deal with routinely, it will help to let them know that you are willing to see these children relatively quickly. You may even wish to leave your business card with these providers as a reminder.

The Department of Health Services has designated the three new Aid Codes described below to implement the CHDP Gateway:

#### AID CODES MASTER CHART

Code	Benefits	SOC	Program/Description
8W	Full	No	CHDP Gateway Medi-Cal -Aid Code 8W provides for the pre-enrollment of children into the Medi-Cal program which will provide temporary, no share of cost (SOC), full-scope Denti-Cal benefits. Federal Financial Participation (FFP) for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families -Aid Code 8X provides pre-enrollment of children into the Medi-Cal program. Provides temporary, full-scope Denti-Cal benefits with no SOC until eligibility for the Healthy Families program can be determined. Federal financial participation for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP Only	No	CHDP -Aid Code 8Y provides eligibility to the CHDP ONLY program for children who are known to MEDS as not having satisfactory immigration status. There is no Federal financial participation for these benefits. This aid code is state funded only.

## Example of an Immediate Eligibility Document from the Internet

CHDP Gateway Pre-enrollment Application Response

Joint Healthy Families Program  
**CHDP**  
Continuing The Health Care Coverage

**CHDP GATEWAY PRE-ENROLLMENT RESPONSE**

Provider Number : 22222222

Application Date/Time: 07/01/2003 1:22:52 PM

Patient's Name : LAST NAME

FIRST NAME

Date of Birth : mm/dd/yyyy

Gender : Male

BIC ID # : 9999999999

BIC Issue Date : 07/01/2003

Good Thru Date : 08/31/2003

You are temporarily eligible for full scope Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed Joint Healthy Families/Medi-Cal application before 08/31/2003. If you do not receive the application within 10 days, call 1-800-880-5305.

Client Signature: \_\_\_\_\_

Next Application

Print



Example of an Immediate Eligibility Document from a POS Device

<Header Line #1>  
CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POS NETWORK  
<Header Line #6>

12/19/2002 12:04:22

TERMINAL: V123456789  
SOFTWARE: ZZACH01

PROVIDER NUMBER: Gxxxx-01

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
FIRST NAME LAST NAME

DATE OF BIRTH:  
mm/dd/yyyy

GENDER:  
M

BIC ID#:  
9999999999

ISSUE DATE:  
2002-12-19

GOOD THRU DATE:  
2003-01-31

You are temporarily eligible for full scope Medi-Cal through 01/01/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed joint Healthy Families/Medi-Cal application before 01/01/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

X\_\_\_\_\_  
CLIENT SIGNATURE

<<SYSTEM MESSAGE(S) FROM >>  
<< PROVIDER MAIL >>

THANK YOU!  
<Footer 4>

# Denti-Cal Bulletin



VOLUME 20, NUMBER 3 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JANUARY 2004

## APPROVED DENTAL RESTORATIVE MATERIALS AS SET FORTH IN ASSEMBLY BILL 999 (AB 999)

As a result of the recent enactment of AB 999 (Chapter 747, Statutes of 2003), effective January 1, 2004, providers may provide composite resin, glass ionomer cement, or resin ionomer cement restorations in posterior teeth and bill Denti-Cal using amalgam restoration procedure codes. The proper procedure for submitting a claim is as follows:

- Use the appropriate amalgam restoration procedure code (procedures 600 through 614, inclusive) on the Claim Service Line in Box 31, along with the tooth number/letter and surfaces restored.
- When a restoration material other than amalgam is used, indicate the tooth number/letter and the alternate restorative material used in Box 34 (Comments). In accordance with Welfare & Institutions Code Section 14132.22(a), the accepted dental materials are limited to composite resin, glass ionomer cement, resin ionomer cement, and amalgam.

Composite restoration procedure codes 645 and 646 should continue to be used only for anterior teeth and the buccal (facial) of bicuspid. When Procedure Codes 645 and 646 are incorrectly used for posterior teeth surfaces other than the buccal of bicuspid, this could cause a delay in processing your claims. Adjudication reason code 134 has been created as an informational code to correct these claims where Procedure Code 645 or 646 has been incorrectly billed for a posterior tooth. It reads as follows:

- 134** This change reflects the maximum benefit for a filling (procedures 600-614) placed on a posterior tooth regardless of the material placed; i.e., amalgam, composite resin, glass ionomer cement, or resin ionomer cement.

Reimbursement for the above claims will be at the fee for the corresponding amalgam restoration procedure code within the Schedule of Maximum Allowances (SMA), or the billed amount, whichever is less. Providers are further instructed that they may not bill beneficiaries for the difference between the amount Denti-Cal pays for corresponding amalgam rates and their usual and customary fees for composites.

Please note that the Denti-Cal program does not recognize silicate cement as an acceptable material for posterior teeth. Although Procedure 640 (Silicate Cement Restoration) and 641 (Silicate Restorations, Two or More in a Single Tooth (Maximum)) remain on the SMA and are technically still a benefit, the reimbursement rate is zero. For this reason, a beneficiary may not be billed for Procedure 640 and/or Procedure 641.

Adjudication reason code 116 has been modified to read:

- 116** Procedures 640/641 are only benefits when placed in anterior teeth or in the buccal (facial) of bicuspid.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 4 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2004

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*Providers should continue to bill their usual and customary fees.*

If you have any questions about the new rates, please call Denti-Cal toll-free at (800) 423-0507.

## **IMPORTANT NOTICE REGARDING SCHEDULE OF MAXIMUM ALLOWANCES**

On December 5, 2003, a temporary court injunction was issued. This put on hold the January 1, 2004 implementation of the five percent (5%) provider rate reduction to the Medi-Cal Program. This injunction leaves the reduction intact for CTP and CMSP.

In the Denti-Cal Provider Manual, the fee schedule on pages 4-51 through 4-55 (from Denti-Cal Bulletin Volume 19 # 36) reflects the 5% fee reduction. As soon as a final decision has been reached with regard to the 5% reduction, notification will be released.

Please continue to bill usual and customary fees.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 5 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2004

## **MEDI-CAL DENTAL PATIENT REFERRAL SERVICE**

Medi-Cal Dental providers can take advantage of a free referral service for accepting Medi-Cal dental patients. This referral service can be an excellent resource for enrolled Denti-Cal providers to build, maintain or increase their patient base while making available the highest level of dental service for the state's medically needy.

If you are a provider interested in this service, or need to update the information currently on file, please fill out the attached Medi-Cal Dental Patient Referral Service Form and mail it to:

California Medi-Cal Dental Program  
P.O. Box 15609  
Sacramento, CA 95852-0609



# Denti-Cal

California Medi-Cal Dental Program

## Medi-Cal Dental Patient Referral Service

Dear Doctor:

The Medi-Cal Dental Program offers a patient referral service that serves the dental community statewide. Please consider our request to include your office on our referral list for Medi-Cal Dental patients.

Complete this form and return it to the Medi-Cal Dental Program in the enclosed envelope. Your participation in our patient referral service would be appreciated, however, this service is completely voluntary and does not affect your status as a Medi-Cal Dental provider.

Thank you for your participation in the Medi-Cal Dental Program. If you have any questions about the Medi-Cal Dental Patient Referral Service, please do not hesitate to call us toll-free (800) 423-0507.

Sincerely,  
Provider Services  
Medi-Cal Dental Program

- ☐ Yes I would like Medi-Cal Dental patients referred to my office. Please add my name to your referral list. I understand I may request removal of my name from this list at any time.
- ☐ No I do not want Medi-Cal Dental patients referred to my office. Please do not include my name on your referral list.

Provider Name: \_\_\_\_\_ Billing Provider ID: \_\_\_\_\_ Service Office #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Fictitious Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Telephone: ( ) \_\_\_\_\_ Is your office wheelchair accessible? ☐ Yes ☐ No

What other languages are spoken in your office? \_\_\_\_\_

List any dental specialties or services offered in your office (e.g., endodontic, periodontal, oral surgical procedures, general anesthesia, etc.): \_\_\_\_\_

What age group of children does your office see? ☐ 5 & under ☐ 6 – 12 ☐ 13 & older

Billing Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Denti-Cal Bulletin



VOLUME 20, NUMBER 6 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2004

## **TELEPHONE NUMBER CHANGE FOR THE MEDI-CAL AUTOMATED ELIGIBILITY VERIFICATION SYSTEM (AEVS), AND POINT OF SERVICE (POS) DEVICE, AND INTERNET (POS/INTERNET) HELP DESKS**

Effective January 5, 2004, the Medi-Cal AEVS, POS, and Internet help desk call centers have been consolidated into one phone number. For clarification of AEVS *eligibility messages* and answers to questions regarding the POS/Internet, the new number to call is (800) 541-5555.

The phone number to check eligibility through AEVS remains the same: (800) 456-2387.

If you have additional questions, please call Denti-Cal at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 7 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 FEBRUARY 2004



## Learn About Electronic Claims Submission!

### ELECTRONIC DATA INTERCHANGE SEMINARS

#### *2nd Quarter Schedule*

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These FREE presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

#### Second Quarter 2004 Seminar Schedule

<u>DATE</u>	<u>CITY</u>	<u>TIME</u>	<u>LOCATION/PHONE NUMBER</u>
April 23	Redding	9:00 a.m. to noon	Holiday Inn 1900 Hilltop Drive (530) 221-7500
May 21	San Jose	1:15 p.m. to 4:15 p.m.	Doubletree Hotel 2050 Gateway Place (408) 453-4000
June 18	Oxnard	1:15 p.m. to 4:15 p.m.	Radisson Hotel 600 E. Esplanade Drive (905) 988-3600

Seating is limited.

For reservations, please call Denti-Cal toll-free at (800) 423-0507.

*Continuing education credits from the Academy of General Dentistry are available.*



# Denti-Cal Bulletin



VOLUME 20, NUMBER 8 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

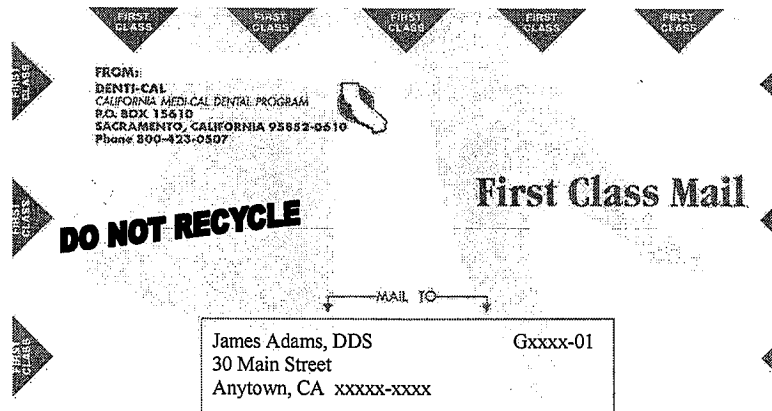
## IMPORTANT UPDATE: CHANGE IN PROCEDURE FOR RETURNING RADIOGRAPHS AND PHOTOGRAPHS

*Bulletin Volume 19, Number 39, released in December 2003 informed providers that radiographs and photographs will no longer be automatically returned unless specifically requested by providers. At that time, providers were instructed to clearly write "Return to Provider" on x-ray mailing envelopes, however the United States Postal Service (USPS) will not deliver any envelopes with the wording "Return...." The USPS interprets this term to mean "return to sender" and sends back the envelopes to Denti-Cal. Effective immediately, providers are instructed to use the phrase "Do Not Recycle" on mailing envelopes when radiographs and photographs are to be returned.*

*In the near future, stickers resembling the sample below will be available for affixing to x-ray mailing envelopes.*

**DO NOT RECYCLE**

*Until the stickers are available, it is imperative that preimprinted or typed return address x-ray mailing envelopes be used. Clearly write "Do Not Recycle" on the envelope as seen below, using no other words or phrases.*



If you have any questions, please call Denti-Cal toll-free at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 9 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

## SEMINAR SCHEDULE FOR SECOND QUARTER, 2004



### Basic Seminars

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

### California Children Services (CCS) Training

- One hour has been added to *selected* Basic Seminars
- Covers CCS billing guidelines effective July 1, 2004
- For providers who currently treat CCS beneficiaries
- For providers who wish to treat CCS beneficiaries
- Attendance is highly encouraged

### Advanced Seminars

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

### Workshops

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

### ABOUT THE SEMINARS AND WORKSHOPS

- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

## Denti-Cal Seminar Schedule Second Quarter 2004

### REDDING

#### D954/Basic Seminar/CCS

**June 10, 2004**

8:30 a.m. – 12:30 p.m.  
Red Lion Hotel  
1830 Hilltop Drive  
Redding, CA 96001  
(530) 221-8700

#### D955/Advanced Seminar

**June 11, 2004**

8:00 a.m. – 12:00 noon  
Red Lion Hotel  
1830 Hilltop Drive  
Redding, CA 96001  
(530) 221-8700

### RANCHO CORDOVA

#### D948/Basic Seminar/CCS

**May 13, 2004**

8:30 a.m. – 12:30 p.m.  
Holiday Inn  
11131 Folsom Boulevard  
Rancho Cordova, CA 95670  
(916) 638-1111

#### D949/Advanced Seminar

**May 14, 2004**

8:00 a.m. – 12:00 noon  
Holiday Inn  
11131 Folsom Boulevard  
Rancho Cordova, CA 95670  
(916) 638-1111

### SAN JOSE

#### D950/Advanced Seminar

**May 20, 2004**

8:00 a.m. – 12:00 noon  
Double Tree Hotel  
2050 Gateway Place  
San Jose, CA 95110  
(408) 453-4000

#### D951/Basic Seminar

**May 21, 2004**

9:00 a.m. – 12:00 noon  
**Delta Day**  
Double Tree Hotel  
2050 Gateway Place  
San Jose, CA 95110  
(408) 453-4000

### FRESNO

#### D946/Workshop

**April 29, 2004**

9:00 a.m. – 4:00 p.m.  
Radisson Hotel  
2233 Ventura Street  
Fresno, CA 93721  
(559) 268-1000

#### D947/Basic Seminar/CCS

**April 30, 2004**

8:30 a.m. – 12:30 p.m.  
Radisson Hotel  
2233 Ventura Street  
Fresno, CA 93721  
(559) 268-1000

### ONTARIO

#### D956/Workshop

**June 24, 2004**

9:00 a.m. – 4:00 p.m.  
Double Tree Hotel  
222 N. Vineyard Avenue  
Ontario, CA 91764  
(909) 937-0900

#### D957/Basic Seminar/CCS

**June 25, 2004**

8:30 a.m. – 12:30 p.m.  
Double Tree Hotel  
222 N. Vineyard Avenue  
Ontario, CA 91764  
(909) 937-0900

### SAN DIEGO

#### D952/Workshop

**June 3, 2004**

9:00 a.m. – 4:00 p.m.  
Hilton Hotel  
901 Camino del Rio South  
San Diego, CA 92108  
(619) 543-9000

#### D953/Basic Seminar/CCS

**June 4, 2004**

8:30 a.m. – 12:30 p.m.  
Hilton Hotel  
901 Camino del Rio South  
San Diego, CA 92108  
(619) 543-9000

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

**TYPE OF SEMINAR:**

☐ Workshop  
(Seminar Code Number:\_\_\_\_\_)

☐ Basic Seminar  
(Seminar Code Number:\_\_\_\_\_)

☐ Advanced Seminar  
(Seminar Code Number:\_\_\_\_\_)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. *To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.*

**PLEASE TYPE OR PRINT CLEARLY**

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

In the area below, please type or print the dentist's name and office address:

_____	Provider No.: _____
_____	
_____	Phone No.: _____
_____	

# Denti-Cal Bulletin



VOLUME 20, NUMBER 10 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

## REMINDER: TIPS FOR SUBMITTING A CLAIM INQUIRY FORM (CIF)

Here are some important tips to remember when submitting a CIF. Please allow one month for the status of the document to appear on your Explanation of Benefits (EOB). **Use ONLY ONE CIF per claim, Notice of Authorization (NOA) or Treatment Authorization Request (TAR).**

### ***Three Reasons for a CIF***

1. To request the status of a claim payment
2. To request the status of a Treatment Authorization Request (TAR)
3. To request re-evaluation of a modified/disallowed claim

### ***Other Inquiries***

All other inquiries should be made by written correspondence or by calling Denti-Cal toll free at (800) 423-0507.

### ***Claim Disallowances***

When you are sending in a CIF for a claim disallowance or modification, do not send a new claim. Pertinent x-rays, photographs, and/or documentation are always required with your CIF. For return of x-rays and photographs, clearly write "Do Not Recycle" on the x-ray envelope.

### ***Include a Copy of Claim or TAR***

Eliminate "guesswork" by Denti-Cal and expedite the processing of your inquiry by including a copy of your original claim or TAR with your CIF. Do not send original documents.

### ***Complete the CIF Form***

Be sure to complete all areas of the CIF. For your convenience, CIFs are available from the forms supplier with your provider name and address information pre-printed on the form. Enter the Social Security number in the space reserved for the patient's Medi-Cal ID number. ***Please type or print all information. Use just one CIF per claim, NOA or TAR.***

### ***When to Use a CIF for NOAs***

Only use a CIF for a NOA if the payment has been denied. When requesting a re-evaluation on a NOA for unauthorized or modified services, simply check the "RE-EVALUATION IS REQUESTED" box on the NOA and return it to Denti-Cal with appropriate x-rays and documentation in lieu of a CIF.

### ***"Remarks" Area***

The "Remarks" area on the CIF should be used for detailed explanations or narrative justification as necessary to assist Denti-Cal in processing your inquiry.

### ***Required Signature***

A signature of the provider or provider's authorized representative is always required on CIFs. Rubber stamps and Xeroxed facsimiles of signatures cannot be accepted and will cause your CIF to be denied.

**REMINDER: ONLY ORIGINALS OF CLAIM INQUIRY FORMS ARE ACCEPTABLE FOR PROCESSING**

The Claim Inquiry Form (CIF) has three purposes:

- ◆ to inquire about the status of a previously submitted claim or Treatment Authorization Request (TAR);
- ◆ to request reevaluation of a modified or denied claim; and
- ◆ only for a Notice of Authorization (NOA) if the payment has been denied.

Only originals of these forms will be accepted and processed by Denti-Cal.

For your convenience, CIFs may be obtained, free of charge, from the Denti-Cal forms supplier. Please mail or fax your order using the information found below:

Shamrock Companies, Inc.  
410 East Grantline Road  
Tracy, CA 95378  
fax: (209) 832-2105



**VISIT DENTI-CAL AND ELECTRONIC DATA INTERCHANGE (EDI) BOOTHS AT ANAHEIM CALIFORNIA DENTAL ASSOCIATION (CDA) SCIENTIFIC SESSION**

Be sure to visit the Denti-Cal and EDI booths at the CDA Scientific Session in Anaheim, Friday, April 16, 2004 through Sunday, April 18, 2004. Representatives from Denti-Cal will be on hand in Hall B of the Anaheim Convention Center: EDI staff in booth 735 with information and answers to questions regarding electronic claims submission; Denti-Cal Provider Relations staff in booth 743; and Denti-Cal Outreach staff in booth 745.

**EDI NEWS – ENROLLMENT INFORMATION**

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, phone (916) 853-7373 and ask for EDI Support.

If you have additional questions, please call Denti-Cal toll-free at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 11 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MARCH 2004

## NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

"The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because \_\_\_\_\_

Check the boxes that apply to your practice:

- |   |  |
|---|--|
| <input type="checkbox"/> AAH (Alameda Alliance Health)                                    | <input type="checkbox"/> GHPP (Genetically Handicapped Persons Program)    |
| <input type="checkbox"/> CCS (California Children's Services)                             | <input type="checkbox"/> GMC (Geographic Managed Care)<br>Plan Name: _____ |
| <input type="checkbox"/> DMC (Dental Managed Care)<br>Plan Name: _____                    | <input type="checkbox"/> HFP (Healthy Families Program)                    |
| <input type="checkbox"/> FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic) |  |

Provider Name

Provider Number

Provider Signature



# Denti-Cal Bulletin



VOLUME 20, NUMBER 12 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 APRIL 2004

## **CLAIMS PROCESSING CHANGES FOR CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM AND GENETICALLY HANDICAPPED PERSON'S PROGRAM (GHPP)**

Effective July 1, 2004, the Department of Health Services, will implement a major system enhancement that will change the authorization and claims processing for CCS and GHPP dental claims. Most CCS and GHPP claims, Treatment Authorization Requests (TARs), and associated documents will be processed through Denti-Cal.

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### **What are CCS and GHPP?**

The CCS program provides health care services related to the CCS-eligible condition. These services may include dental services related to the beneficiary's CCS-eligible condition. The GHPP provides health care services, including a limited scope of dental services. The ages for each program are:

- CCS - birth to the age of 21 years.
- GHPP - usually adults, but some children are eligible.

### **What type of eligibility do CCS beneficiaries have?**

- CCS/Medi-Cal, full scope, no Share of Cost (SOC)

Dental providers are to submit all claims, TARs, and associated documents directly to Denti-Cal statewide.

- CCS-Only

Includes CCS eligible beneficiaries with Healthy Families coverage, as well as children with other dental coverage or no other coverage.

Dental providers must request a Service Authorization Request (SAR) from the CCS county office or State regional office prior to treating the beneficiary.

### **How do I begin or continue treating CCS/GHPP beneficiaries?**

Effective July 1, 2004, dentists and orthodontists must be enrolled in the Denti-Cal program and must be in an active enrollment status to provide dental services to CCS/GHPP beneficiaries.

To become a Denti-Cal enrolled orthodontist, orthodontists must meet orthodontia requirements and complete the Orthodontia Provider Certification form prior to requesting a SAR from CCS and GHPP.

### **What is a CCS SAR?**

Providers must request a CCS SAR from the CCS program prior to submitting claims, TARs, and associated documents to the Denti-Cal Program. **The SAR is required only for those CCS beneficiaries who are not eligible for Medi-Cal, full scope, no Share of Cost coverage.** A SAR defines the "scope of benefits" the dental provider may perform for a CCS-eligible beneficiary. The Denti-Cal Provider Manual should be referred to for x-ray, documentation, and prior authorization submission requirements prior to performing any dental services.

### **Are all dentists/orthodontists enrolled in the Denti-Cal program required to participate in the new CCS dental authorization and claims processing procedures?**

Currently, Denti-Cal providers providing dental services to **CCS-only beneficiaries residing in Los Angeles, Orange, and Sacramento counties** cannot submit claims to Denti-Cal. Providers must continue to obtain a prior CCS authorization for dental services and submit claims for these services to these counties. The HCFA 1500 claim form must be utilized with the provider's CGP provider number for all CCS beneficiaries, i.e., CCS/Medi-Cal and CCS-only, residing in these counties.

**NOTE: It is the CCS beneficiary's county of residence, not the dental provider's practice location that determines when to request a CCS SAR and when to submit a claim, TAR, and associated document.**

System enhancements will be implemented in Los Angeles, Orange, and Sacramento counties in the future. At that time dentists and orthodontists treating CCS-only beneficiaries in these counties will be required to enroll in the Denti-Cal Program.

### **When am I required to request a SAR to treat a CCS beneficiary?**

- For CCS-only beneficiaries, providers must request a SAR from the CCS county office or State regional office prior to treating the beneficiary. CCS beneficiaries must exhaust all other dental coverage benefits and/or submit documentation of other dental coverage benefits paid or denied to Denti-Cal. Denti-Cal may require a TAR in addition to the CCS SAR prior to the provider providing treatment to a beneficiary. The CCS SAR defines the scope of benefits available to the CCS beneficiary.
- For CCS beneficiaries statewide with Medi-Cal, full scope, no SOC, the Denti-Cal program **does not** require a CCS SAR, except for Los Angeles, Orange, and Sacramento counties.

Providers requesting dental services that are not within the stated scope of benefits of the Denti-Cal program may request authorization as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).

### **How do I identify a CCS beneficiary?**

Beneficiary eligibility for the CCS program is available through the Automated Eligibility Verification System (AEVS), Point of Service Device (POS), and Medi-Cal Internet site, except for CCS beneficiaries residing in Los Angeles, Orange, and Sacramento counties. For more information regarding beneficiary eligibility, please refer to the Medi-Cal web site [www.medi-cal.ca.org](http://www.medi-cal.ca.org).

Please refer to the Denti-Cal Provider Manual for Denti-Cal's policies, procedures, and requirements for processing claims, TARs, and associated documents.

**Where do I submit Denti-Cal claims, TARs, and associated documents for date(s) of service on or after July 1, 2004?**

- Providers requesting to treat CCS beneficiaries with Medi-Cal, full scope, no SOC, are to submit Denti-Cal claims, TARs, and associated documents to Denti-Cal for dates of service on or after July 1, 2004.
- For CCS-only beneficiaries, SARs are to be obtained from the CCS county program or State Regional Office on or after July 1, 2004. The CCS county program or State Regional Office will issue a SAR describing the scope of dental benefits authorized for the beneficiary

NOTE: Providers are to continue submitting SARs and claims to the Los Angeles, Orange, and Sacramento county CCS programs. Providers will be notified when the process for these counties change.

**Will claims processing change for Genetically Handicapped Person's Program-Only (GHPP-only)?**

After July 1, 2004, dental care authorizations for GHPP-only beneficiaries will be provided if the dental provider is enrolled in the Denti-Cal program. Providers are to continue requesting authorizations from GHPP. Providers must continue to utilize their CGP provider number and the HCFA 1500 claim form to bill for authorized dental services provided to GHPP-only beneficiaries. The claim must be submitted to the GHPP State program for review and approval. Denti-Cal will not accept CGP and HCFA 1500 claim forms.

NOTE: If a GHPP beneficiary has Medi-Cal, full scope, no SOC, dental providers are to submit claims, TARs, and associated documents directly to Denti-Cal.

System enhancements will be implemented in the future for the GHPP. At that time dentists and orthodontists treating GHPP-only beneficiaries are required to enroll in the Denti-Cal Program.

**Whom do I call if I have Denti-Cal claim, TAR, or associated document questions?**

Providers are to contact the Denti-Cal toll free provider line at (800) 423-0507 for questions related to Denti-Cal policies, procedures, and requirements for claims, TARs, and associated document processing.

**Whom do I call if I have questions regarding CCS-only, GHPP-only or questions regarding the HCFA 1500 claim form?**

- Questions regarding CCS-only beneficiaries and SARs, providers are to contact the CCS county program or State regional office.
- Questions regarding GHPP-only beneficiaries, providers are to contact the GHPP State program.
- Providers are to contact CCS county or State regional office, or State GHPP program for questions regarding the HCFA 1500 claim form.

Attached is a contact listing of CCS county offices, the State regional offices, and the State GHPP office.

**Will training be provided?**

Training will be offered to providers who wish to continue or start treating CCS beneficiaries. Denti-Cal will utilize selected Basic Seminars to train providers on how to submit claims, TARs, and associated documents via Denti-Cal's policies, procedures, and requirements. An additional hour at the end of the seminar will focus on CCS SAR and Denti-Cal processing.

Please refer to the Denti-Cal Seminar Schedule bulletins for specific dates and times. Training will take place over six (6) months and two (2) seminar schedule bulletins.

## STATE REGIONAL OFFICE LOCATIONS

### CMS Sacramento Regional Office

MS 8100  
P.O. Box 997413  
Sacramento, CA 95899  
Main # (916) 327-3100  
FAX# (916) 327-0998

### CMS Southern California Regional Office

311 South Spring Street, Suite 01-11  
Los Angeles, CA 90013  
Main # (213) 897-3571  
FAX # (213) 897-3501 or (213) 897-2882

### CMS Northern California Region

#### San Francisco Office

575 Market Street, Suite 300  
San Francisco, CA 94105  
Main # (415) 904-9699  
FAX# (415) 904-9698

### Genetically Handicapped Persons Program (GHPP)

MS 8200  
P.O. Box 997413  
Sacramento, CA 95899  
Main # (916) 327-0470  
Fax # (916) 327-1112  
Toll Free: (800) 639-0597

The following table lists in alphabetical order the CCS county offices' mailing addresses telephone and fax numbers. It also identifies the county offices as dependent or independent, and the regional office responsible for the dependent county. This list is important in determining whether the CCS county office or the state CCS regional office must be contacted when requesting prior authorization.

The following guideline can be helpful in selecting the correct office:

- For questions on eligibility, prior authorization and submitting claims in *independent counties*, please contact the CCS independent county office.
- For questions on prior authorization or submitting claims in *dependent counties*, contact the appropriate state CCS regional office.

County/Office Address	Telephone	FAX	Dependent/ Independent	Regional Office
<b>Alameda</b> 1000 Broadway, Suite 500 Oakland, CA 94607	(510) 208-5970	(510) 267-3270	Independent	San Francisco
<b>Alpine</b> 75-B Diamond Valley Road Markleeville, CA 96120	(530) 694-2146	(530) 694-2252	Dependent	Sacramento
<b>Amador</b> 1003 Broadway, Suite 101 Jackson, CA 95642	(209) 223-6630	(209) 223-3524	Dependent	Sacramento
<b>Butte</b> 1370 Ridgewood, Dr. Suite 22 Chico, CA 95379	(530) 895-6546	(530) 895-6557	Independent	Sacramento
<b>Calaveras</b> 891 Mountain Ranch Road San Andreas, CA 95249	(209-754-6460	(209) 754-6459	Dependent	Sacramento
<b>Colusa</b> 251 East Webster Street Colusa, CA 95932	(530) 458-0380	(530) 458-4136	Dependent	Sacramento

County/Office Address	Telephone	FAX	Dependent/ Independent	Regional Office
<b>Contra Costa</b> 597 Center Avenue, Suite 110 Martinez, CA 94553	(925) 313-6100	(925) 313-6115	Independent	San Francisco
<b>Del Norte</b> 880 Northcrest Drive Crescent City, CA 95531	(707) 464-3191	(707) 465-1783	Dependent	San Francisco
<b>El Dorado</b> 929 Spring Street Placerville, CA 95667	(530) 621-6128	(530) 622-5109	Dependent	Sacramento
<b>Fresno</b> 1221 Fulton Mall Fresno, CA 93721	(559) 445-3300	(559) 445-3253	Independent	Sacramento
<b>Glenn</b> 240 North Villa Avenue Willows, CA 95988	(530) 934-6588	(530) 934-6463	Dependent	Sacramento
<b>Humboldt</b> 317 Second Street Eureka, CA 95501-0425	(707) 445-6212	(707) 441-5686	Independent	San Francisco
<b>Imperial</b> 935 Broadway El Centro, CA 92243	(760) 482-4434	(760) 482-4664	Dependent	Southern California
<b>Inyo</b> 207-A West South Street Bishop, CA 93514	(760) 873-7868	(760) 876-7800	Dependent	Southern California
<b>Kern</b> 1800 Mount Vernon Ave. 2nd Floor Bakersfield, CA 93306	(661) 868-0531	(661) 868-0216	Independent	Southern California
<b>Kings</b> 330 Campus Drive Hanford, CA 93230	(559) 584-1401	(559) 582-0297	Dependent	San Francisco
<b>Lake</b> 922 Bevins Court Lakeport, CA 95453	(707) 263-1090	(707) 262-4280	Dependent	Sacramento
<b>Lassen</b> 1445 B Paul Bunyan Rd Susanville, CA 96130	(530) 251-8183	(530) 251-4871	Dependent	Sacramento
<b>Los Angeles</b> 9320 Telstar Avenue, Suite 226 El Monte, CA 91731	(800) 288-4584	(800) 924-1154	Independent	Southern California
<b>Madera</b> 14215 Road 28 Madera, CA 93638	(559) 675-7893	(559) 675-7803	Dependent	Sacramento
<b>Marin</b> 555 Northgate Drive, Suite B San Rafael, CA 94903	(415) 499-6877	(415) 499-6396	Independent	San Francisco
<b>Mariposa</b> 4988 Eleventh Street Mariposa, CA 95338	(209) 966-3689	(209) 966-4929	Dependent	Sacramento
<b>Mendocino</b> 1120 South Dora Street Ukiah, CA 95482-8333	(707) 472-2600	(707) 472-2735	Independent	San Francisco
<b>Merced</b> 260 East 15th Street Merced, CA 95340	(209) 381-1114	(209) 381-1102	Independent	Sacramento

County/Office Address	Telephone	FAX	Dependent/ Independent	Regional Office
<b>Modoc</b> 441 North Main Street Alturas, CA 96101	(530) 233-6311	(530) 233-5754	Dependent	Sacramento
<b>Mono</b> 437 Old Mammoth Road, Suite Q Mammoth Lakes, CA 93546	(760) 924-1830	(760) 942-1831	Dependent	Southern California
<b>Monterey</b> 1441 Constitution Blvd, Building 400, Suite 200 Salinas, CA 93906	(831) 755-5500	(831) 783-0729	Independent	San Francisco
<b>Napa</b> 2261 Elm Street, Building G Napa, CA 94559	(707) 253-4391	(707) 253-4880	Independent	San Francisco
<b>Nevada</b> 10433 Willow Valley Rd. Suite B Nevada City, CA 95959	(530) 265-1450	(530) 265-761	Dependent	Sacramento
<b>Orange</b> 200 West Santa Ana Blvd Suite 100 Santa Ana, CA 93701	(714) 347-0300	(714) 347-0301	Independent	Southern California
<b>Placer</b> 379 Nevada Street Auburn, CA 95603	(530) 886-3630	(530) 886-3606	Independent	Sacramento
<b>Plumas</b> 270 County Hospital Rd Quincy, CA 95971	(530) 283-6330	(530) 283-6110	Dependent	Sacramento
<b>Riverside</b> 10769 Hole Ave Suite 220 Riverside, CA 92505	(909) 358-5401	(909) 358-5198	Independent	Southern California
<b>Sacramento</b> 9616 Micron Avenue, Suite 640 Sacramento, CA 95827	(916) 875-9900	(816) 369-0639	Independent	Sacramento
<b>San Benito</b> 439 Fourth Street Hollister, CA 95023	(831) 637-5367	(831) 637-9073	Dependent	San Francisco
<b>San Bernardino</b> 515 North Arrowhead Ave San Bernardino, CA 92415	(909) 388-5810	(909) 388-5815	Independent	Southern California
<b>San Diego</b> 6160 Mission Gorge Rd San Diego, CA 92120	(619) 528-4000	(619) 528-4087	Independent	Southern California
<b>San Francisco</b> 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102	(415) 575-5700	(415) 575-5790	Independent	San Francisco
<b>San Joaquin</b> 2233 Grand Canal Blvd, Suite 105 Stockton, CA 95207	(209) 953-3600	(209) 953-3632	Independent	Sacramento
<b>San Luis Obispo</b> 2156 Sierra Way San Luis Obispo, CA 93401	(805) 781-5527	(805) 781-4492	Independent	Southern California
<b>Santa Barbara</b> 1111 Chapala Street, Suite 200 Santa Barbara, CA 93101	(805) 681-5360	(805) 681-4958	Independent	Southern California
<b>Santa Clara</b> 720 Empey Way San Jose, CA 95128	(408) 793-6200	(408) 793-6250	Independent	San Francisco

County/Office Address	Telephone	FAX	Dependent/ Independent	Regional Office
<b>Santa Cruz</b> 12 West Beach Street Watsonville, CA 95076	(831) 763-8900	(831) 763-8910	Independent	San Francisco
<b>Shasta</b> 3499 Hiatt Drive Redding, CA 96033	(530) 225-5760	(530) 225-5355	Dependent	Sacramento
<b>Sierra</b> 202 Front Street Loyalton, CA 96118	(530) 993-6700	(530) 993-6790	Dependent	Sacramento
<b>Siskiyou</b> 806 South Main Street Yreka, CA 96097	(530) 841-4064	(530) 841-4075	Dependent	Sacramento
<b>Solano</b> 275 Beck Avenue, MS 5-230 Fairfield, CA 94533	(707) 784-8650	(707) 421-7484	Independent	San Francisco
<b>Sonoma</b> 625 Fifth Street Santa Rosa, CA 95404	(707) 565-4500	(707) 565-4520	Independent	San Francisco
<b>Stanislaus</b> 830 Scenic Drive, Suite D Modesto, CA 95350	(209) 558-7515	(209) 558-7862	Independent	Sacramento
<b>Sutter</b> 1445 Veterans Memorial Circle Yuba City, CA 95993	(530) 822-7215	(530) 822-7223	Dependent	Sacramento
<b>Tehama</b> 1860 Walnut Street, Building C Red Bluff, CA 96080	(530) 527-6824	(530) 527-0362	Dependent	Sacramento
<b>Trinity</b> 1 Industrial Park Way Weaverville, CA 96093	(530) 623-1358	(530) 623-1297	Dependent	Sacramento
<b>Tulare</b> 115 East Tulare Avenue Tulare, CA 93274	(559) 685-2533	(559) 685-4701	Independent	Southern California
<b>Tuolumne</b> 20111 Cedar Road North Sonora, CA 95370	(209) 533-7400	(209) 533-7406	Dependent	Sacramento
<b>Ventura</b> 2240 East Gonzales Road, Suite 260 Oxnard, CA 93036	(805) 981-5281	(805) 981-5280	Independent	Southern California
<b>Yolo</b> 825 East Street, Suite 302 Woodland, CA 95776	(530) 402-2800	(530) 402-2809	Independent	Sacramento
<b>Yuba</b> 6000 Lindhurst Avenue, Suite 601-B Marysville, CA 95901	(530) 741-6340	(530) 749-6830	Dependent	Sacramento



# Denti-Cal Bulletin



VOLUME 20, NUMBER 13 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2004

## COUNTY MEDICAL SERVICES PROGRAM (CMSP) REDUCTION TO SCOPE OF BENEFITS FOR DENTAL SERVICES

Effective July 1, 2004, the County Medical Services Program (CMSP) scope of benefits for dental services will be reduced to a set of services designed to address basic dental needs and dental emergencies. Claims with dates of service on or after July 1, 2004, and Treatment Authorization Requests (TARs) received on or after July 1, 2004, will be processed under this new policy. This policy will apply to all CMSP beneficiaries with Aid Codes 50, 8F, 84, 85, 88, and 89.

### Aid Codes 8F, 84, 85, 88, and 89

The scope of dental benefits shall include only those procedures listed below:

Procedure Code	Procedure Description
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures
030	Professional visit after regular office hours, or to bedside
050	Prophylaxis
080	Emergency treatment, palliative
110	Intraoral periapical, single, first film
111	Intraoral periapical, each additional film (max. 10 films)
200	Removal of erupted tooth, uncomplicated, first tooth
201	Removal of erupted tooth, uncomplicated, each additional tooth
202	Removal of erupted tooth, surgical
203	Removal of root or root tip, completely covered by bone
204	Removal of root or root tip, not completely covered by bone
220	Postoperative visit, complications (e.g., osteitis)
230	Removal of impacted tooth, soft tissue
231	Removal of impacted tooth, partially bony
232	Removal of impacted tooth, completely bony
260	Incision and drainage of abscess, intraoral
261	Incision and drainage of abscess, extraoral
262	Excision pericoronal gingival, operculectomy
263	Sialolithotomy intraoral
264	Sialolithotomy extraoral
265	Closure of salivary fistula
266	Dilation of salivary duct
269	Excision of benign tumor, up to 1.25 cm
270	Excision of benign tumor, larger than 1.25 cm

**Aid Codes 8F, 84, 85, 88, and 89 (continued)**

<b>Procedure Code</b>	<b>Procedure Description</b>
271	Excision of malignant tumor
278	Maxillary sinusotomy for removal of tooth fragment or foreign body
279	Oral antral fistula closure
280	Excision of cyst, up to 1.25 cm
281	Excision of cyst, over 1.25 cm
282	Sequestrectomy
290	Excision of foreign body, soft tissue
292	Suture of soft tissue wound or injury
451	Emergency treatment (periodontal abscess, acute periodontitis, etc.)
511	Anterior root canal therapy
512	Bicuspid root canal therapy
513	Molar root canal therapy
611	Amalgam, one surface, permanent tooth
612	Amalgam, two surfaces, permanent tooth
613	Amalgam, three surfaces, permanent tooth
614	Amalgam, four or more surfaces, permanent tooth (maximum)
645	Composite or plastic restoration
646	Composite or plastic restorations, two or more in a single tooth (maximum)
685	Recement inlay, facing, pontic
686	Recement crown
687	Recement bridge
690	Repair fixed bridge
700	Complete maxillary denture
701	Complete mandibular denture
702	Partial upper or lower denture with two assembled chrome cobalt wrought or cast chrome cobalt clasps with occlusal rests and necessary teeth, acrylic base
706	Partial upper or lower denture with cast chrome cobalt skeleton, two cast clasps, and necessary teeth
716	Clasp or teeth, each for Procedure 706
720	Denture adjustment, per visit
750	Repair broken denture base only (complete or partial)
751	Repair broken denture and replace one broken denture tooth
752	Each additional denture tooth replaced on 751 repair (maximum two)
753	Replace one broken denture tooth only (complete or partial)
754	Each additional denture tooth replaced on 753 repair (maximum two)

## **Aid Code 50**

Aid Code 50 requires an emergency certification statement. This statement must be entered in the "Comments" area (box 34) on the claim form or attached to the claim. The emergency certification statement must describe the nature of the emergency, including clinical information pertinent to the patient's condition, and must be signed by the provider. The scope of dental benefits shall include only those procedures listed below:

<b>Procedure Code</b>	<b>Procedure Description</b>
020	Office visit during regular office hours for treatment and observation of injuries to the teeth and supporting structures
030	Professional visit after regular office hours, or to bedside
080	Emergency treatment, palliative
110	Intraoral periapical, single, first film
111	Intraoral periapical, each additional film (max. 10 films)
200	Removal of erupted tooth, uncomplicated, first tooth
201	Removal of erupted tooth, uncomplicated, each additional tooth
202	Removal of erupted tooth, surgical
203	Removal of root or root tip, completely covered by bone
204	Removal of root or root tip, not completely covered by bone
220	Postoperative visit, complications (e.g., osteitis)
230	Removal of impacted tooth, soft tissue
231	Removal of impacted tooth, partially bony
232	Removal of impacted tooth, completely bony
260	Incision and drainage of abscess, intraoral
261	Incision and drainage of abscess, extraoral
262	Excision pericoronal gingival, operculectomy
263	Sialolithotomy intraoral
264	Sialolithotomy extraoral
265	Closure of salivary fistula
269	Excision of benign tumor, up to 1.25 cm
270	Excision of benign tumor, larger than 1.25 cm
271	Excision of malignant tumor
278	Maxillary sinusotomy for removal of tooth fragment or foreign body
279	Oral antral fistula closure
280	Excision of cyst, up to 1.25 cm
281	Excision of cyst, over 1.25 cm
282	Sequestrectomy
290	Excision of foreign body, soft tissue
292	Suture of soft tissue wound or injury
451	Emergency treatment (periodontal abscess, acute periodontitis, etc.)
511	Anterior root canal therapy
512	Bicuspid root canal therapy
513	Molar root canal therapy
611	Amalgam, one surface, permanent tooth
612	Amalgam, two surfaces, permanent tooth
613	Amalgam, three surfaces, permanent tooth
614	Amalgam, four or more surfaces, permanent tooth (maximum)

**Aid Code 50 (continued)**

<b>Procedure Code</b>	<b>Procedure Description</b>
645	Composite or plastic restoration
646	Composite or plastic restorations, two or more in a single tooth (maximum)
685	Recement inlay, facing, pontic
686	Recement crown
687	Recement bridge
690	Repair fixed bridge
720	Denture adjustment, per visit
750	Repair broken denture base only (complete or partial)
751	Repair broken denture and replace one broken denture tooth
752	Each additional denture tooth replaced on 751 repair (maximum two)
753	Replace one broken denture tooth only (complete or partial)
754	Each additional denture tooth replaced on 753 repair (maximum two)

If you have questions regarding any of the above information, please telephone Denti-Cal toll-free at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 14 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2004

## **IMPORTANT UPDATE: RADIOGRAPHIC DOCUMENTATION REQUIRED WITH CLAIMS FOR RESTORATIVE PROCEDURES (FILLINGS AND PREFABRICATED/ STAINLESS STEEL CROWNS) PER AB 1762**

*This bulletin replaces Volume 19, Number 29, released in August, 2003.*

AB 1762 amended Welfare and Institutions (W&I) Code 14132.88(f) to require pretreatment radiograph documentation for post treatment claims to establish the medical necessity for dental restorations (fillings and prefabricated/stainless steel crowns) and to reduce fraudulent claims for unnecessary restorative services. To avoid undue barriers to accessing dental care, pretreatment radiographic documentation for post treatment claims is required only when there are four or more dental fillings being completed in any 12-month period, per beneficiary, and all claims for prefabricated crowns. This applies to all claims including those submitted electronically.

*For dates of service beginning October 1, 2003, the Department of Health Services continues to require the following for prefabricated/stainless steel crowns and fillings:*

- ✓ Pretreatment radiographic documentation for post treatment claims to establish the medical necessity for all ADA-approved prefabricated crowns (including stainless steel crowns).
  - For procedure 670 (primary teeth), the radiograph must clearly demonstrate decay, fracture, or other damage involving three or more tooth surfaces; or two surfaces extending extensively buccolingually or mesiodistally; or submitted in conjunction with pulpal therapy on the same tooth. *A bitewing radiograph is acceptable as long as there is no suspected pulpal involvement. When pulpal involvement is suspected, a periapical radiograph is required.*
  - For procedure 671 (permanent teeth), the radiograph must clearly demonstrate traumatic or pathological destruction to the crown that is identical to the existing tooth type-specific criteria for laboratory-processed crowns; or that the stainless steel crown will restore an endodontically treated bicuspid or molar. Written *documentation alone is no longer acceptable: a periapical radiograph of the tooth and arch films are required. There must be evidence of recurrent decay, poor contacts/contours resulting in a periodontal condition, when there is an occlusal perforation, or recent pulpal therapy. Endodontically treated anterior teeth must still meet the criteria for laboratory processed crowns.*
- ✓ Medi-Cal Dental claims for filling procedures (600, 601, 602, 603, 611, 612, 613, 614, 645, and 646) require submission of radiographs that clearly demonstrate that destruction to the tooth (decay, fracture, missing restorations, et cetera) extends through the dentinoenamel junction (DEJ). The placing of fillings to replace tooth structure lost by attrition, abrasion or erosion, or solely for cosmetic purposes will continue to not be a benefit.

Submission requirements apply to the replacement of existing fillings and prefabricated/stainless steel crowns.

*When the caries or fracture is not evident on the radiograph, an intraoral photograph is required. Written documentation is not acceptable to justify the need for the restoration. The submission of radiographs will be waived for any medical condition that precludes the use of ionizing radiation in the head and neck region when documented in writing by the patient's attending physician. In these cases, intraoral photographs must be submitted to demonstrate the medical necessity of the restorative services. The requirement of radiographs will not be waived for an uncontrollable child or patient refusal.*

*Adjunctive caries indicators will only be considered when there is some visual evidence of decay on the submitted photograph and the visual evidence is inconclusive as to the extent of the penetration.* Intraoral photographs may be submitted with fiber optic transillumination, DIAGNOdent readings, caries detection dye, caries risk assessment, and operating room reports.

If photographic documentation is necessary but is not submitted, payment for restorative services will be denied or modified. The written statement "caries penetrates the DEJ" will no longer be considered adequate documentation for payment of a restoration. In addition, claims will be denied when necessary radiographs and/or photographs are not submitted. Should the claim be denied and/or exceptional circumstances exist, a Claim Inquiry Form (CIF) may be submitted for reconsideration.

Submitted radiographs and photographs must conform to the existing requirements and must be:

- ✓ Properly dated with the mm/dd/yy and labeled legibly with the patient's name as well as the Provider's name and Medi-Cal provider number. In order to enhance Denti-Cal's ability to return misplaced radiographs, place the beneficiary's Social Security number or Benefits Identification Card number on the radiographs.
- ✓ Current: Periapical radiographs taken within the last 8 months for primary teeth and within the last 14 months for permanent teeth; arch films taken within the last 36 months.
- ✓ Of diagnostic quality.
- ✓ Labeled "right" or "left."
- ✓ Radiographs in multiples of four or more must be mounted.

It is important that Denti-Cal Dental Consultants be able to correctly identify the area/arch/quadrant/tooth number(s) depicted in submitted intraoral photographs. If radiographs and/or photographs are to be returned, you must place the "do not recycle" sticker on the x-ray mailing envelope.

### EDI

Providers who are currently using the Electronic Data Interchange (EDI) are encouraged to continue to use the EDI for procedure codes impacted by this bulletin. The documentation requirements as stated above also apply to electronic claims. Radiographs are required to be mailed when submitting EDI documents with four fillings or a prefabricated/stainless steel crown. For submissions of documents with three or fewer fillings, radiographs, photographs and other clinical documentation *do not* need to be mailed to Denti-Cal at the time the electronic claim is transmitted. Denti-Cal will select certain electronic claims using a computerized selection method and then request that the radiographs, photographs or attachments to support

those claims be mailed. Electronic claims that are not selected will continue through the adjudication process. Providers who want to be considered for EDI should contact the Denti-Cal EDI Support Group at (916) 853-7373.

#### ADJUDICATION REASON CODES

Denti-Cal has created the following new adjudication reason codes:

- 029e** Payment/Authorization denied due to date of x-rays/photographs is after the date of service.
- 029f** Payment/Authorization denied due to beneficiary name not on the x-ray mount, envelope or photograph.
- 122** Permanent tooth does not meet the criteria for stainless steel crown.
- 266** Payment and/or prior authorization disallowed:
  - i** X-rays are non-diagnostic due to poor x-ray processing or duplication.
  - j** X-rays are non-diagnostic due to elongation.
  - k** X-rays are non-diagnostic due to foreshortening.
  - l** X-rays are non-diagnostic due to overlapping or cone cutting.
- 271** Procedure requested is disallowed due to any of the following:
  - i** Deep caries appears to encroach upon pulp. Periapical radiograph is required.
- 622** Per clinical examination, permanent tooth does not meet the criteria for stainless steel crown.
- 671** Per x-rays, photographs and/or clinical examination, procedure requested is disallowed due to the following:
  - i** Deep caries appears to encroach upon pulp. Periapical radiograph is required.

Denti-Cal has modified the following adjudication reason codes:

- 029d** Payment/Authorization denied. Date(s) on x-ray mount, envelope or photograph(s) are not legible or the format is not understandable/decipherable.
- 117** Fillings, stainless steel crowns and/or therapeutic pulpotomies are not a benefit for primary teeth near exfoliation.
- 121** Radiograph or photograph indicate that not all surfaces requested require treatment.
- 123** Radiograph or photograph does not depict the entire crown or tooth to verify the requested surfaces or procedures.
- 124** Radiograph or photograph indicate additional surfaces require treatment.
  - a** Denied by Prior Authorization/Special Claims Review unit. Requested surfaces do not coincide with submitted radiographic or photographic evidence.

- 126 Fillings, stainless steel crowns and/or therapeutic pulpotomies in deciduous lower incisors are not payable when the child is over five years of age.
- 266 Payment and/or authorization denied.
  - a X-rays or photographs are not current. Unable to evaluate treatment.
- 271 Procedure requested is disallowed due to any of the following:
  - b Apical radiolucency.
- 624 Per x-rays, photographs and/or clinical examination, additional surface(s) require treatment.
- 671 Per x-rays, photographs and/or clinical examination, procedure requested is disallowed due to the following:
  - b Apical radiolucency.

#### TREATMENT AUTHORIZATION REQUEST (TAR)

Providers are reminded that prior authorization is not required for fillings and prefabricated/stainless steel crowns. At this time, if a provider submits a TAR for services not normally requiring prior authorization, ***Denti-Cal will not review these procedures.*** The provider receives a Notice of Authorization (NOA) with the adjudication reason code 355A or 355B and zero dollars in the allowed amount. Should the provider perform these nonreviewed services and submit the NOA for payment, radiographs must be attached.

At its discretion, Denti-Cal may elect to review fillings and prefabricated/stainless steel crowns on TARS when these impact the total treatment plan. Upon review, the services would receive adjudication reason code 355C and would not require submission of radiographs and photographs when submitting the NOA for payment.

By the fall of 2004, it is anticipated that providers will have the option to submit a TAR for authorization with restorative services listed. The process will be explained in a future bulletin.

California Schools of Dentistry participating in the University Pilot Project will continue to perform claims adjudication for their students in accordance with these program criteria.

For additional information please phone Denti-Cal toll-free at (800) 423-0507.

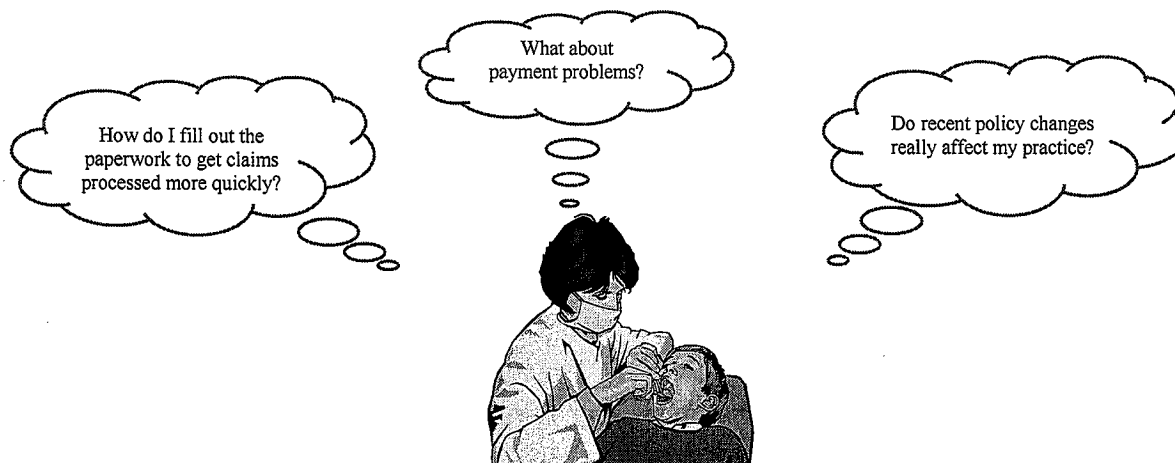


# Denti-Cal Bulletin



VOLUME 20, NUMBER 15 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2004

## SEMINAR SCHEDULE FOR THIRD QUARTER, 2004



### **Basic Seminars**

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

### **California Children Services (CCS) Training**

- One hour has been added to *selected* Basic Seminars
- Covers CCS billing guidelines effective July 1, 2004
- For providers who currently treat CCS beneficiaries
- For providers who wish to treat CCS beneficiaries
- Attendance is highly encouraged

### **Advanced Seminars**

- Criteria Presented *by* a Dentist *for* Dentists and Staff
- View Actual Treatment Slides

### **Workshops**

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

### **Orthodontic Seminars**

- Designed for Denti-Cal providers who limit their practices to orthodontics only
- Comprehensive information on certification, enrollment, billing procedures and criteria

### **California Children Services (CCS) Training**

- One hour has been added to Orthodontic Seminars
- Covers CCS billing guidelines effective July 1, 2004
- For providers who currently treat CCS beneficiaries
- For providers who wish to treat CCS beneficiaries
- Attendance is highly encouraged

### ABOUT THE SEMINARS AND WORKSHOPS

- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits
- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

## Denti-Cal Seminar Schedule Third Quarter 2004

### OAKLAND

#### D958/Basic Seminar/CCS

**July 15, 2004**

8:30 a.m. – 12:30 p.m.

Hilton Hotel

One Hegenberger Road

Oakland, CA 94621

(510) 635-5000

### SANTA ROSA

#### D959/Basic Seminar/CCS

**July 16, 2004**

8:30 a.m. – 12:30 p.m.

Hilton Hotel

3555 Round Barn Boulevard

Santa Rosa, CA 95403

(707) 523-7555

### ROCKLIN

#### D960/Ortho Seminar/CCS

**July 22, 2004**

8:30 a.m. – 12:30 p.m.

Howard Johnson Inn & Suites

4420 Rocklin Road

Rocklin, CA 95677

(916) 624-4500

#### D961/Advanced Seminar

**July 23, 2004**

8:00 a.m. – 12:00 noon

Howard Johnson Inn & Suites

4420 Rocklin Road

Rocklin, CA 95677

(916) 624-4500

### MONTEREY

#### D969/Workshop

**September 17, 2004**

9:00 a.m. – 4:00 p.m.

Hilton Hotel

1000 Aguajito Road

Monterey, CA 93940

(831) 373-6141

### SAN JOSE

#### D970/Basic Seminar/CCS

**September 23, 2004**

8:30 a.m. – 12:30 p.m.

Hilton Hotel & Towers

300 Almaden Boulevard

San Jose, CA 95110

(408) 287-2100

#### D971/Advanced Seminar

**September 24, 2004**

8:00 a.m. – 12:00 noon

Hilton Hotel & Towers

300 Almaden Boulevard

San Jose, CA 95110

(408) 287-2100

### SANTA ANA

#### D965/Basic Seminar/CCS

**August 19, 2004**

8:30 a.m. – 12:30 p.m.

Double Tree Club Hotel

Seven Hutton Centre Drive

Santa Ana, CA 92707

(714) 751-2400

#### D966/Advanced Seminar

**August 20, 2004**

8:00 a.m. – 12:00 noon

Double Tree Club Hotel

Seven Hutton Centre Drive

Santa Ana, CA 92707

(714) 751-2400

### OXNARD

#### D962/Basic Seminar/CCS

**July 29, 2004**

8:30 a.m. – 12:30 p.m.

Embassy Suites

2101 Mandalay Beach Road

Oxnard, CA 93035

(805) 984-2500

#### D963/Advanced Seminar

**July 30, 2004**

8:00 a.m. – 12:00 noon

Embassy Suites

2101 Mandalay Beach Road

Oxnard, CA 93035

(805) 984-2500

### ANAHEIM

#### D964/Basic Seminar

**August 6, 2004**

9:00 a.m. – 12:00 noon

Embassy Suites

*Delta Day*

11767 Harbor Boulevard

Anaheim, CA 92840

(714) 539-3300

### SAN DIEGO

#### D967/Ortho Seminar/CCS

**August 26, 2004**

8:30 a.m. – 12:30 p.m.

Embassy Suites

601 Pacific Hwy

San Diego, CA 92101

(619) 239-2400

#### D968/Advanced Seminar

**August 27, 2004**

8:00 a.m. – 12:00 noon

Embassy Suites

601 Pacific Hwy

San Diego, CA 92101

(619) 239-2400

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

**TYPE OF SEMINAR:**

- ☐ Basic Seminar  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Advanced Seminar  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Workshop  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Ortho Seminar  
(Seminar Code Number: \_\_\_\_\_)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. *To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.*

**PLEASE TYPE OR PRINT CLEARLY**

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

In the area below, please type or print the dentist's name and office address:

_____	Provider No.: _____
_____	
_____	Phone No.: _____
_____	

# Denti-Cal Bulletin



VOLUME 20, NUMBER 16 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 MAY 2004



## Learn About Electronic Claims Submission!

### ELECTRONIC DATA INTERCHANGE SEMINARS

#### *3rd Quarter Schedule*

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These FREE presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

### Third Quarter 2004 Seminar Schedule

<u>DATE</u>	<u>CITY</u>	<u>TIME</u>	<u>LOCATION/PHONE NUMBER</u>
July 16	Stockton	9:00 a.m. to noon	Radisson Hotel 2323 Grand Canal Blvd. (209) 957-9090
August 6	Anaheim	1:15 p.m. to 4:15 p.m.	Embassy Suites Hotel Anaheim-South 11767 Harbor Blvd. (Garden Grove) (714) 539-3300
September 17	San Luis Obispo	1:15 p.m. to 4:15 p.m.	Embassy Suites 333 Madonna Road (805) 549-0800

Seating is limited.  
For reservations, please call Denti-Cal toll-free at (800) 423-0507.

*Continuing education credits from the Academy of General Dentistry are available.*

# Denti-Cal Bulletin



VOLUME 20, NUMBER 17 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2004

## HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) FLASH REMINDER: USE *ONLY* DENTI-CAL-APPROVED LOCAL CODES

- ✓ *Current Dental Terminology (CDT) codes are not currently being accepted by Denti-Cal and are considered invalid until such time as Department of Health Services adopts HIPAA code sets standards.*
- ✓ *Effective August 1, 2003, any Claim Service Line (CSL) submitted with an invalid procedure code or a blank procedure code field will be denied, whether submitted electronically or as paper documents.*
- ✓ *Providers must continue to follow existing billing instructions until otherwise notified through future bulletin updates.*

### Code Sets

**Use only Denti-Cal-approved local codes.** Denti-Cal is changing the present system to comply with HIPAA regulations, however this is not yet completed. This process involves replacing Denti-Cal three-digit, State approved four- and five-digit codes with CDT codes. Until further notice, use only the Denti-Cal Procedure Code Cross Reference Table when submitting a Denti-Cal claim or Treatment Authorization Request (TAR). Refer to Section 4 of the *Denti-Cal Provider Manual* for the current Reference Table.

For a denial of an invalid procedure code on a dated CSL, a Claim Inquiry Form (CIF) will need to be submitted with valid approved local procedure code(s) for payment consideration. Failure to submit a CIF with a valid approved local procedure code will result in the CIF being denied. Make sure to include all applicable documentation and radiographs.

For a denial of an invalid procedure code on a TAR, a reevaluation will need to be submitted with the valid approved local procedure code(s) for consideration. Failure to submit a TAR for reevaluation with a valid approved local procedure code will result in the TAR being denied. Make sure to include all applicable documentation and radiographs.

### Telephone Inquiry Verification

Prior to any disclosure of Protected Health Information (PHI) as defined under HIPAA, Denti-Cal must first take reasonable measures to verify the identity of the person requesting the PHI. In order to process your telephone inquiry we will request authenticating information to comply with federal and state regulations.

*The following identifying elements are required to complete a telephone inquiry:*

Provider: the provider name, billing number and address.

Provider Financial Inquiry: the above provider elements and Provider Identification Number (PIN).

Beneficiary: the above provider elements and beneficiary name, Medi-Cal Identification (ID)/Social Security Number and Date of Birth.

*Please have all necessary information readily accessible so your telephone inquiry may be expedited.*

**For additional information regarding HIPAA, please refer to the following websites:**

#### Website

[www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

<http://hipaa.dhs.ca.gov>

<http://aspe.hhs.gov>

#### Resources

Medi-Cal website

Department of Health Services, Office of HIPAA Compliance

U.S. Department of Health and Human Services

Direct emails related to HIPAA issues to [DentiCal\\_HIPAA@delta.org](mailto:DentiCal_HIPAA@delta.org). For issues related to EDI, direct emails to [Denti-Caledi@delta.org](mailto:Denti-Caledi@delta.org). All emails will be responded to as quickly as possible.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 18 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2004

## CHECKING BENEFICIARY ELIGIBILITY FOR THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) GATEWAY

On July 1, 2003, Child Health and Disability Prevention (CHDP) medical providers (not dental providers) began pre-enrolling eligible low-income children under 19 years of age into the new CHDP Gateway. CHDP Gateway providers encourage parents to apply for health care coverage for their children through Medi-Cal or Healthy Families. The children are eligible to receive **full-scope, fee-for-service Medi-Cal and Denti-Cal benefits** during the month of application and the following month, or until the processing of their application is complete. **Denti-Cal reimbursement rates for children eligible for this temporary coverage are the same as the usual Denti-Cal rates.** Children who are not eligible for either program will continue to receive CHDP services in accordance with the CHDP periodicity table. CHDP benefits do not include dental benefits. Aid Codes 8W and 8X are eligible for full scope and Aid Code 8Y is CHDP only, with no dental services available.

The CHDP Gateway was first described in Denti-Cal Bulletin Volume 19, Number 10 (March 2003). Please refer to that Bulletin for additional information about the Gateway. Since the Gateway began, several issues have arisen that may be of interest to Denti-Cal providers:

- Because some children may be eligible for only 1-2 months, it is very important for children with temporary Medi-Cal eligibility to be seen as quickly as possible. A number of offices and clinics have responded by setting aside a block of time to see these children.
- Children enrolled through the Gateway will ordinarily receive their BIC ID card within 10 days of enrollment. In the interim, they will have an "immediate eligibility document," which will be either a copy of a printout from an Internet website or a Point of Service (POS) device receipt similar to a gas station pump receipt. This document displays the patient's BIC ID number and **is an acceptable form of identification that should be accepted until the BIC ID card is received. Regardless of whether the patient presents a BIC ID card or a paper immediate eligibility document, all providers, including Children's Treatment Program (CTP) providers, must always check a beneficiary's eligibility status at each visit. The PM160 form is insufficient documentation for participation in the CHDP Gateway.** Examples of the Internet and POS device documents are at the end of this bulletin.
- The immediate eligibility document can contain several different messages, so it is important to read the response messages carefully. **All providers participating in the CHDP Gateway, including CTP providers, must check eligibility for every patient at every visit, regardless of what the response message says. The PM160 form is insufficient.**
- Patients with messages that say, "You are temporarily eligible for full scope Medi-Cal through..." should be treated like any other full scope Medi-Cal patient (**but still check eligibility**).

For example, patients with messages that say, "You are temporarily eligible for CHDP services through..." do **not** have full scope Medi-Cal services. They are only eligible for CHDP and emergency Medi-Cal services. Those with emergency Medi-Cal eligibility may be eligible for some dental benefits, which you can determine by checking their aid code and referring to your Denti-Cal Provider Manual. Those who are only eligible for CHDP services (i.e., those who are not eligible for full scope Medi-Cal or Healthy Families coverage) should be referred back to the local CHDP program (see below) to learn about other dental programs that may be available to them. ***Again, Aid Codes 8W and 8X are eligible for full scope and Aid Code 8Y is CHDP only, with no dental services available.***

- Children who are determined ineligible for temporary Medi-Cal coverage through the Gateway may be assigned other emergency or pregnancy-related Medi-Cal aid codes. If a child must switch dentists because they were unable to complete treatment prior to termination of their temporary Medi-Cal coverage, we encourage you to provide the child's treatment plan and radiographs to their new dentist to prevent unnecessary duplication of costs.
- Because of the short period of eligibility for some children, it will be helpful if you allow your name and phone number to be distributed to CHDP medical providers. If you are willing to do this, please call your local CHDP office to be included on a referral list. You can find your local CHDP office at [www.dhs.ca.gov/pcfh/cms/chdp/directory.htm](http://www.dhs.ca.gov/pcfh/cms/chdp/directory.htm). Also, if you are able to accommodate children eligible for the Gateway on short notice, and there are CHDP medical providers you deal with routinely, it will help to let them know that you are willing to see these children relatively quickly. You may even wish to leave your business card with these providers as a reminder.

The Department of Health Services has designated the three aid codes described below to implement the CHDP Gateway:

**AID CODES MASTER CHART**

Code	Benefits	SOC	Program/Description
8W	Full	No	CHDP Gateway Medi-Cal - Aid Code 8W provides for the pre-enrollment of children into the Medi-Cal program which will provide temporary, no share of cost (SOC), full-scope Denti-Cal benefits. Federal Financial Participation (FFP) for these benefits is available through Title XIX of the Social Security Act.
8X	Full	No	CHDP Gateway Healthy Families - Aid Code 8X provides pre-enrollment of children into the Medi-Cal program. Provides temporary, full-scope Denti-Cal benefits with no SOC until eligibility for the Healthy Families program can be determined. Federal financial participation for these benefits is available through Title XXI of the Social Security Act.
8Y	CHDP Only	No	CHDP - Aid Code 8Y provides eligibility to the CHDP ONLY program for children who are known to MEDS as not having satisfactory immigration status. There is no Federal financial participation for these benefits. This aid code is state funded only.



## Example of an Immediate Eligibility Document from the Internet

CHDP Gateway Pre-enrollment Application Response

CHDP

CHDP Gateway Pre-enrollment Application Response

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : zzzzzzzz

Application Date/Time: 07/01/2003 1:22:52 PM

Patient's Name : LAST NAME

FIRST NAME

Date of Birth : mm/dd/yyyy

Gender : Male

BIC ID # : 9999999999

BIC Issue Date : 07/01/2003

Good Thru Date : 08/31/2003

You are temporarily eligible for full scope Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed Joint Healthy Families/Medi-Cal application before 08/31/2003. If you do not receive the application within 10 days, call 1-800-880-5305.

Client Signature: \_\_\_\_\_

Next Application

Print

Example of an Immediate Eligibility Document from a POS Device

<Header Line #1>  
CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
MEDI-CAL POS NETWORK  
<Header Line #6>

12/19/2002 12:04:22

TERMINAL: V123456789  
SOFTWARE: ZZACH01

PROVIDER NUMBER: Gxxxxx-01

**CHDP GATEWAY  
PRE-ENROLLMENT  
RESPONSE**

PATIENT NAME:  
FIRST NAME LAST NAME

DATE OF BIRTH:  
mm/dd/yyyy

GENDER:  
M

BIC ID#:  
9999999999

ISSUE DATE:  
2002-12-19

GOOD THRU DATE:  
2003-01-31

You are temporarily eligible for full scope Medi-Cal through 01/01/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage you must return a completed joint Healthy Families/Medi-Cal application before 01/01/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

X \_\_\_\_\_  
CLIENT SIGNATURE

<<SYSTEM MESSAGE(S) FROM >>  
<< PROVIDER MAIL >>

THANK YOU!  
<Footer 4>

# Denti-Cal Bulletin



VOLUME 20, NUMBER 19 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 JUNE 2004

## NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

"The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider's mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder."

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

Yes, I wish to remain a provider in the California Medi-Cal Dental Program because \_\_\_\_\_

Check the boxes that apply to your practice:

- |   |  |
|---|--|
| <input type="checkbox"/> AAH (Alameda Alliance Health)                                    | <input type="checkbox"/> GHPP (Genetically Handicapped Persons Program)    |
| <input type="checkbox"/> CCS (California Children's Services)                             | <input type="checkbox"/> GMC (Geographic Managed Care)<br>Plan Name: _____ |
| <input type="checkbox"/> DMC (Dental Managed Care)<br>Plan Name: _____                    | <input type="checkbox"/> HFP (Healthy Families Program)                    |
| <input type="checkbox"/> FQHC/RHC (Federally Qualified Health Clinic/Rural Health Clinic) |  |

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

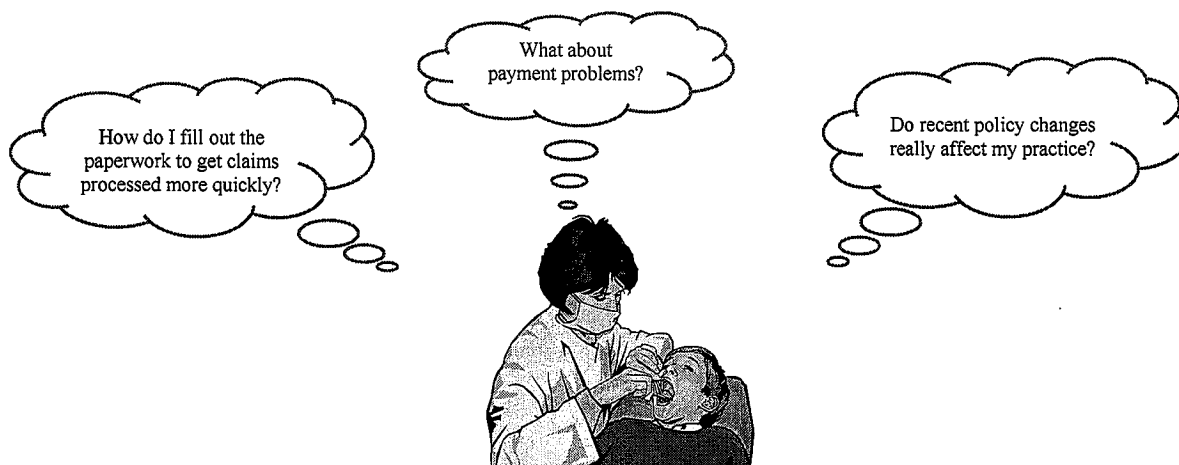
\_\_\_\_\_  
Provider Signature

# Denti-Cal Bulletin



VOLUME 20, NUMBER 21 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2004

## SEMINAR SCHEDULE FOR FOURTH QUARTER, 2004



### **Basic Seminars**

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

### **Advanced Seminars**

- Criteria Presented *by a Dentist for Dentists and Staff*
- View Actual Treatment Slides

### **Workshops**

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

### **Orthodontic Seminars**

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- Comprehensive information on certification, enrollment, billing procedures and criteria

### **California Children Services (CCS) Training**

- One hour has been added to Orthodontic Seminars
- Covers CCS billing guidelines effective July 1, 2004
- For providers who currently treat CCS beneficiaries
- For providers who wish to treat CCS beneficiaries
- Attendance is highly encouraged

## ABOUT THE SEMINARS AND WORKSHOPS

- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
Ortho Seminars	3 CE credits
- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

## Denti-Cal Seminar Schedule Fourth Quarter 2004

### EUREKA

#### D974/Basic Seminar

**October 28, 2004**

9:00 a.m. – 12:00 noon

Red Lion Hotel  
1929 Fourth Street  
Eureka, CA 95501  
(707) 445-0844

#### D975/Advanced Seminar

**October 29, 2004**

8:00 a.m. – 12:00 noon

Red Lion Hotel  
1929 Fourth Street  
Eureka, CA 95501  
(707) 445-0844

### SACRAMENTO

#### D973/Basic Seminar

**October 15, 2004**

9:00 a.m. – 12:00 noon

Double Tree Hotel

#### Delta Day

2001 Point West Way  
Sacramento, CA 95815  
(916) 929-8855

### STOCKTON

#### D972/Advanced Seminar

**October 14, 2004**

8:00 a.m. – 12:00 noon

Radisson Hotel  
2323 Grand Canal Boulevard  
Stockton, CA 95207  
(209) 957-9090

### BAKERSFIELD

#### D976/Workshop

**November 4, 2004**

9:00 a.m. – 4:00 p.m.

Double Tree Hotel  
3100 Camino Del Rio Court  
Bakersfield, CA 93308  
(661) 323-7111

#### D977/Advanced Seminar

**November 5, 2004**

8:00 a.m. – 12:00 noon

Double Tree Hotel  
3100 Camino Del Rio Court  
Bakersfield, CA 93308  
(661) 323-7111

### BURLINGAME

#### D980/Ortho Seminar/CCS

**December 2, 2004**

8:30 a.m. – 12:30 p.m.

Double Tree Hotel  
835 Airport Boulevard  
Burlingame, CA 94010  
(650) 344-5500

#### D981/Advanced Seminar

**December 3, 2004**

8:00 a.m. – 12:00 noon

Double Tree Hotel  
835 Airport Boulevard  
Burlingame, CA 94010  
(650) 344-5500

### LONG BEACH

#### D978/Workshop

**November 18, 2004**

9:00 a.m. – 4:00 p.m.

Hyatt Regency  
200 South Pine Avenue  
Long Beach, CA 90802  
(562) 491-1234

#### D979/Ortho Seminar/CCS

**November 19, 2004**

8:30 a.m. – 12:30 noon

Hyatt Regency  
200 South Pine Avenue  
Long Beach, CA 90802  
(562) 491-1234

### CARLSBAD

#### D982/Workshop

**December 9, 2004**

9:00 a.m. – 4:00 p.m.

The Windmill Banquet & Catering  
(next to Holiday Inn)  
890 Palomar Airport Road  
Carlsbad, CA 92008  
(760) 431-0364

#### D983/Advanced Seminar

**December 10, 2004**

8:00 a.m. – 12:00 noon

The Windmill Banquet & Catering  
(next to Holiday Inn)  
890 Palomar Airport Road  
Carlsbad, CA 92008  
(760) 431-0364

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

## TYPE OF SEMINAR:

- ☐ Basic Seminar  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Advanced Seminar  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Workshop  
(Seminar Code Number: \_\_\_\_\_)
- ☐ Ortho Seminar  
(Seminar Code Number: \_\_\_\_\_)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. *To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.*

## PLEASE TYPE OR PRINT CLEARLY

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

In the area below, please type or print the dentist's name and office address:

_____	Provider No.: _____
_____	
_____	Phone No.: _____
_____	

# Denti-Cal Bulletin



VOLUME 20, NUMBER 22 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2004



## Learn About Electronic Claims Submission!

### ELECTRONIC DATA INTERCHANGE SEMINARS

#### *4th Quarter Schedule*

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These FREE presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

#### Fourth Quarter 2004 Seminar Schedule

<u>DATE</u>	<u>CITY</u>	<u>TIME</u>	<u>LOCATION/PHONE NUMBER</u>
October 15	Sacramento	1:15 p.m. to 4:15 p.m.	Doubletree Hotel 2001 Point West Way (916) 929-8855
November 19	Riverside	9:00 a.m. to noon	Riverside Marriott 3400 Market Street (909) 784-8000
December 10	Pasadena	1:15 p.m. to 4:15 p.m.	Pasadena Hilton 168 South Los Robles Avenue (626) 577-1000

Seating is limited.

For reservations, please call Denti-Cal toll-free at (800) 423-0507.

*Continuing education credits from the Academy of General Dentistry are available.*



# Denti-Cal Bulletin



VOLUME 20, NUMBER 23 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 AUGUST 2004

## CLARIFICATION OF REEVALUATION PERIOD

The Notice of Authorization (NOA), a computer-generated form sent to the provider following final adjudication of a Treatment Authorization Request (TAR), is printed with the same information as originally submitted. Presently the NOA is used either to request payment of allowed services or to request a reevaluation of modified or denied services on a TAR.

Providers may request a reevaluation period of 180 days for denied and/or additional procedures requested in certain instances. Changes to the billed amount or procedures not requiring prior authorization will *not* be considered. Orthodontic treatments continue to be excluded from this change.

Reevaluations may be allowed when

- another procedure requiring prior authorization has been requested
- there is a reversal of denied procedures (e.g., missing x-rays have been submitted)
- there is a complex treatment plan

Denti-Cal has created the following NOA message when a reevaluation has been requested:

The submitted changes have been reviewed. Original authorization period still valid.

Denti-Cal has revised the following NOA message when a reevaluation has been requested:

Resubmission not processed. No additional information received. Original authorization period still valid.

Additional information is available in Denti-Cal Bulletin Volume 18, Number 21, released in November, 2002.

## UPDATE: COUNTY MEDICAL SERVICES PROGRAM (CMSP) REDUCTION TO SCOPE OF BENEFITS FOR DENTAL SERVICES

Effective August 4, 2004, Notices of Authorization (NOAs) issued for beneficiaries with Aid Codes 50, 8F, 84, 85, 88, and 89, will list the following informational message:

Please note: This beneficiary may only be eligible for reduced CMSP benefits.  
Please verify eligibility and allowable procedures prior to rendering services.

## **CORRECTION**

Page 3 of the Denti-Cal Bulletin Volume 20, Number 13 incorrectly described procedure code 706. It should read:

Partial upper or lower stayplate, acrylic base fee, teeth and clasps extra. This correct description is listed in the Provider Manual.

Our apologies for any confusion incurred.

## **VISIT DENTI-CAL AND ELECTRONIC DATA INTERCHANGE (EDI) BOOTHS AT SAN FRANCISCO CALIFORNIA DENTAL ASSOCIATION (CDA) SCIENTIFIC SESSION**

Be sure to visit the Denti-Cal and Electronic Data Interchange (EDI) booths at the CDA Scientific Session in San Francisco, Friday, September 10, 2004 through Sunday, September 12, 2004. You can find Denti-Cal Provider Relations staff in booth 735. Representatives from Denti-Cal's EDI program will be on-hand in booth 737 with information and answers to your questions regarding electronic claims submission. Both booths are in the education wing of the Moscone Convention Center.

If there are questions regarding any of the above information, please telephone Denti-Cal toll-free at (800) 423-0507.

# Denti-Cal Bulletin



VOLUME 20, NUMBER 24 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2004

*Please discard Denti-Cal Bulletin Volume 20, Number 20, released in August, 2004. The following supercedes and replaces the information found therein.*

## EFFECTIVE JULY 1, 2004, CALIFORNIA CHILDREN'S SERVICES (CCS) AND GENETICALLY HANDICAPPING PERSON'S PROGRAM (GHPP) CLAIMS PROCESSING REQUIREMENTS CHANGED

Providers requesting to treat CCS beneficiaries must be "actively" enrolled in the Medi-Cal Dental Program (Denti-Cal) and comply with Denti-Cal's policies, procedures, and requirements. Providers are to request a CCS Service Authorization Request (SAR) from the CCS county program or CCS State Regional Offices for CCS-only and CCS/Healthy Families (CCS/HF) dental services and then submit claims/Treatment Authorization Requests (TARs) to Denti-Cal. CCS/Medi-Cal and GHPP/Medi-Cal claims/TARS are to be sent directly to Denti-Cal and do not require a CCS SAR. **Note: CCS SARs are not transferable between dental providers.**

Providers are to submit a separate claim for a beneficiary with CCS/Medi-Cal or GHPP/Medi-Cal eligibility **and** a separate claim for a beneficiary with CCS-only and CCS/HF eligibility. Submitting separate claims will expedite Medi-Cal reimbursement in the event a county has insufficient funds. If a provider submits one claim with CCS/Medi-Cal benefits or GHPP/Medi-Cal benefits with a CCS-only or CCS/HF for payment, and the CCS county program/State GHPP program does not have sufficient funds, the provider's entire claim will be withheld until sufficient funds are available.

### About CCS

The CCS program provides health care to children and adolescents from birth to age 21 who have a CCS-eligible medical condition.

The CCS program provides diagnostic and treatment services, medical case management, dental services, and physical and occupational therapy services. The CCS program only authorizes dental services, if such

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services are necessary to treat the beneficiary's CCS-eligible condition. Examples of medical conditions of children who are CCS-eligible include cystic fibrosis, hemophilia, heart disease, cancer, traumatic injuries, handicapping malocclusion, cleft lip/palate, and craniofacial anomalies.

CCS serves approximately 175,000 children who have the following types of program eligibility:

- **CCS/Medi-Cal:** These beneficiaries are eligible for full scope benefits with no share of cost under Medi-Cal.
- **CCS-only:** These beneficiaries are children from low-income families or families whose estimated out-of-pocket expenses exceed 20% of a family's income who receive health care funded by the State and the counties, and are limited to the treatment of their CCS-eligible conditions.
- **CCS/HF:** These beneficiaries have CCS medically eligible conditions and are enrolled in HF, California's State Children's Health Insurance Program (SCHIP). Treating these beneficiaries' CCS conditions are carved out of the coverage of the HF health plans and are provided on a fee-for-service basis by the CCS program.

Any individual, including a family member, school staff, public health nurse, doctor, or dentist may refer a child to the CCS program for an evaluation. The referral to the CCS county program or CCS State Regional Office may be made by fax, phone call, correspondence, or the CCS Dental and Orthodontic Client Service Authorization Request (SAR) form (DHS 4516). CCS will not cover any services provided prior to the date the referral was received by the CCS program.

### **About GHPP**

The GHPP is a State-funded program coordinating care and payment for selected dental services of persons over the age of 21 years with eligible genetic conditions. Eligible conditions include, but are not limited to, hereditary bleeding disorders, cystic fibrosis, and hereditary metabolic disorders.

The GHPP program serves adults and certain children who have the following types of program eligibility:

- **GHPP/Medi-Cal:** These beneficiaries are eligible for full scope benefits with no share of cost under Medi-Cal.
- **GHPP-only:** These beneficiaries receive comprehensive State-funded health care.  
  
There will be no changes at this time for GHPP-only beneficiaries. Claims for GHPP-authorized services for GHPP-only beneficiaries will continue to be submitted on a HCFA 1500 claim form (with the backup documentation on a dental insurance claim form). Providers are to continue submitting claims to the State GHPP program for review and approval. The State GHPP program will forward these claims to the Electronic Data System (EDS) for processing. Providers will be notified when future system enhancements will change the GHPP claims processing guidelines.

### **CCS-only, and CCS/HF Beneficiaries Residing in Los Angeles, Orange, and Sacramento Counties**

Until further notice, providers treating CCS-only and CCS/HF beneficiaries residing in Los Angeles, Orange, and Sacramento counties are to continue utilizing and submitting the HCFA

1500 claim forms for payments to the appropriate CCS county program in accordance with the authorization and claims processing guidelines that existed prior to July 1, 2004.

### **CCS-only and CCS/HF Authorizations and Claims Processing**

To begin the CCS process for dental services, the provider must submit a CCS Dental and Orthodontic Client SAR (DHS 4516) to the CCS county program. The provider may fax or mail this form to the CCS county program. The CCS county program will review the requested dental services and determine if the patient qualifies for the services based on their CCS-eligible medical condition.

Providers are required to obtain a SAR approval from the CCS county program or CCS State Regional Office of the beneficiary's county of residence prior to performing dental services. *An approved SAR only authorizes the dental scope of benefits.*

The CCS county program will issue a CCS SAR to the provider which will indicate the authorized Service Code Grouping(s) or individual procedure code with a "begin date" and "end date" for up to one year. SARs for orthodontic treatment will be issued for up to two years. If the treatment is completed before the "begin date" or after the "end date" indicated on the SAR, payment would be disallowed.

After receiving the CCS SAR, *refer to the Denti-Cal Provider Manual to determine if a TAR is required prior to performing any dental services.* The approved SAR does not guarantee payment for services rendered for a CCS-only or CCS/HF beneficiary. Payment is always subject to the dental criteria and submission requirements of the Denti-Cal program. Providers are to adhere to all Denti-Cal policies and claim/TAR submission requirements.

Providers do not have to attach the SAR to the Denti-Cal claim/TAR. CCS electronically notifies Denti-Cal of providers who have received authorized SARs. If the procedure requested on the claim/TAR is not on the SAR, payment/authorization will be disallowed with Adjudication Reason Code 390.

### **CCS/Medi-Cal and GHPP/Medi-Cal Authorizations and Claims Processing**

CCS/Medi-Cal and GHPP/Medi-Cal claims are to be sent directly to Denti-Cal, do not require prior CCS authorization, and should no longer be sent directly to the CCS county programs or the State GHPP office. CCS/Medi-Cal beneficiaries requiring dental benefits beyond the scope of the Denti-Cal program may submit a TAR requesting Early and Periodic Screening, Diagnosis, and Treatment-Supplemental Services (EPSDT-SS). The provider must indicate "EPSDT-SS" in the comment box or on an attachment for special consideration. Documentation must include and verify the medical necessity and appropriateness of the requested services.

Beneficiaries with Medi-Cal eligibility may have full or limited benefits under the Denti-Cal program depending on the aid code. It is the provider's responsibility to verify the aid code and the scope of benefits the beneficiary is eligible for *prior* to performing any dental services.

### **Orthodontic Services For CCS-only Beneficiaries**

The CCS program has adopted the Medi-Cal dental orthodontic criteria for children with handicapping malocclusion and cleft lip/palate. For children with craniofacial anomalies, orthodontic requests should be indicated on the HLD Index form under "Severe Traumatic deviation" even if the condition is not the result of trauma. Children with craniofacial anomalies

may be eligible for up to 3 phases of orthodontic treatment using the facial growth management codes. Orthodontic diagnostic and treatment criteria are contained within the Manual of Criteria for Medi-Cal Authorization (Dental Services). The Manual of Criteria is printed within Section 4 of the Denti-Cal Provider Manual.

### **Providing Orthodontic Services To Medi-Cal Dental Beneficiaries**

In order to provide orthodontic services to Medi-Cal dental beneficiaries, a provider must be enrolled as a Certified Orthodontist and must be in an active Medi-Cal dental enrollment status. If the provider is uncertain of his/her current Denti-Cal status, a provider may request an Orthodontic Provider Enrollment Form, by calling the Denti-Cal Provider Services at (800) 423-0507.

As defined in Title 22, California Code of Regulations, Section 51223(c), a qualified orthodontist is a dentist who confines his/her practice to the specialty of orthodontics and has:

- Successfully completed a course of advanced study in orthodontics of two years or more in a program recognized by the Council of Dental Education of the American Dental Association, or
- Completed advanced training in orthodontics prior to July 1, 1969 and is a member of or eligible for membership in the American Association of Orthodontics.

### **New CCS-only and CCS/HF Procedure Codes**

Not all CCS beneficiaries receive authorizations for dental benefits from CCS. When medically necessary to treat a beneficiary's CCS eligible condition, the CCS program will authorize the same scope of benefits as the Denti-Cal program, with a few exceptions, and will use the same reimbursement rates listed on the Denti-Cal Schedule of Maximum Allowances (SMA). The following eight new benefits have been included in the scope of benefits for CCS-only and CCS/HF beneficiaries (refer to page 6 for Service Code Group information):

<b>NEW Procedure Codes</b>	<b>Description</b>	<b>Rate</b>
Procedure 041	Sealant for First Deciduous Molars (B, I, L, and S)	\$22.00
Procedure 042	Sealant for Second Deciduous Molars (A, J, K, and T)	\$22.00
Procedure 043	Sealant for Permanent First Bicuspids (4, 12, 20, and 28)	\$22.00
Procedure 044	Sealant for Permanent Second Bicuspids (5, 13, 21, and 29)	\$22.00
Procedure 591	Banding and Materials (Primary Dentition for Facial Growth Management)	\$300.00
Procedure 593	Per Treatment Visit (Primary Dentition for Facial Growth Management)	\$50.00
Procedure 595	Banding and Materials (Mixed Dentition for Facial Growth Management)	\$500.00
Procedure 597	Per Treatment Visit (Mixed Dentition for Facial Growth Management)	\$50.00

These procedure codes are not within the scope of benefits for the Denti-Cal program and are disallowed for CCS/Medi-Cal beneficiaries with Adjudication Reason Code 392.

### **Denti-Cal Adjudication Reason, Policy, and Resubmission Turnaround Document Codes**

New Adjudication Reason Codes - Denti-Cal has three new Adjudication Reason Codes for processing CCS claims and TARs:

- 390** The procedure requested is not on the SAR for this CCS/GHPP beneficiary. Contact CCS/GHPP to obtain a SAR prior to submitting for reevaluation or payment.
- 392** Beneficiary is not eligible for CCS-only/GHPP-only procedure codes.
- 394** A credentialed specialist must submit documentation of cleft palate or the craniofacial anomaly.

Modified Adjudication Reason Code - Denti-Cal has modified the following Adjudication Reason Code to assist in processing CCS claims and TARs:

- 204** Procedures 552, 562, 570, 580, 591, 595, and 596 for banding and materials are payable only on a one-time basis unless an unusual situation is documented and justified.

### **Changes in the Beneficiary's Program Eligibility**

CCS-only, CCS/HF, GHPP-only, CCS/Medi-Cal, and GHPP/Medi-Cal beneficiaries are issued California Benefits Identification Cards (BIC). The BIC enables providers to determine eligibility through the Automated Eligibility Verification System (AEVS), Point of Service (POS) Device, and/or the Medi-Cal website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). A beneficiary's program eligibility may change at any time and it is the provider's responsibility to verify eligibility prior to treating the beneficiary.

When the beneficiary changes to the CCS-only or CCS/HF program, providers must obtain a SAR from the CCS county program. A SAR is not required for CCS/Medi-Cal beneficiaries. Providers are to refer to the Denti-Cal Provider Manual prior to treating CCS-only, CCS/HF, CCS/Medi-Cal, and GHPP/Medi-Cal beneficiaries. *Note: CCS-only and CCS/HF beneficiaries residing in Los Angeles, Orange, and Sacramento counties will not be issued a BIC.*

### **Emergency Treatment**

CCS-only and CCS/HF Beneficiaries: If there is an emergency condition, the provider may treat the beneficiary for the emergency, yet is required to submit the appropriate form (DHS 4488 or DHS 4509) to the CCS county program or CCS State Regional Office by the next business day, requesting a SAR.

CCS/Medi-Cal and GHPP/Medi-Cal Beneficiaries: Providers should refer to the Denti-Cal Provider Manual for procedures for approval and payment for emergency dental services and for obtaining appropriate authorization for services dictated by emergency situations, which preclude timely advance requests for Denti-Cal TARs.

## **CCS/Medi-Cal and GHPP/Medi-Cal Denied Services and Reevaluations**

Providers submitting CCS/Medi-Cal and GHPP/Medi-Cal claims/TARs must follow Denti-Cal's guidelines. When requesting a reevaluation of a denied claim, submit a Claim Inquiry Form (CIF). If the request is for a reevaluation of an undated, denied procedure, submit the Notice of Authorization (NOA), checking the reevaluation box in the upper right corner. Always include required documentation and/or x-rays. The Medi-Cal appeal process, First Level Appeals, is available to providers when services have been denied and beneficiaries have the right to a Fair Hearing.

## **Other Coverage**

A CCS beneficiary may have other dental coverage (i.e., managed care or indemnity dental insurance coverage). Beneficiaries must apply their other coverage benefits prior to utilizing CCS benefits. Other coverage will be considered as the primary carrier, and CCS will be considered as the secondary carrier and payer of last resort.

CCS-only, CCS/HF, CCS/Medi-Cal, and GHPP/Medi-Cal beneficiaries with other dental coverage requires a copy of the other dental coverage Explanation of Benefits (EOB), Remittance Advice (RA), fee schedule, or letter of denial attached to the Denti-Cal claim form prior to submission for payment. If the other dental coverage documentation is not attached, a Resubmission Turnaround Document (RTD) will be sent to the provider requesting the documentation.

## **Providers with an Existing CCS Authorization Issued Prior to July 1, 2004**

All existing CCS authorizations issued prior to July 1, 2004 will be accepted through the expiration date of the current authorization or the beneficiary's eligibility period, with the exception of orthodontics. Orthodontic authorizations will be valid only for the same treating provider for the duration of the current phase of orthodontics. Providers are to continue submitting claims on the HCFA 1500 claim form with a dental claim form attached for payments for CCS-only and CCS/HF beneficiaries. For CCS/Medi-Cal children, the Denti-Cal claim is to be submitted to the CCS county program or CCS State Regional Office where it will be CCS stamped, dated, signed, and forwarded to Denti-Cal for payment.

When the CCS authorization for non-orthodontic services expires, additional treatment is required, the beneficiary changes treating providers, there is a change in a treatment plan, and/or a new service is requested by a specialty provider, a new request must be submitted on a CCS Dental and Orthodontic Client SAR (DHS 4516). **Note:** All new treatment requests will adhere to the July 1, 2004 new submission requirements.



## **CCS-only and CCS/HF Service Code Groupings (SCG)**

An approved SAR will list the SCGs and/or the individual procedure code(s) based on the provider's requested treatment plan and the beneficiary's medical condition. These 18 SCGs are grouped by treatment plans and procedure codes to assist the CCS county program or CCS State Regional Office in authorizing services based on the beneficiary's CCS-eligible medical condition. **Providers are to request a SAR for one or more of the SCGs when requesting an authorization from the CCS county program. If the procedure code is not listed in the SCG(s), the provider may request authorization for an individual procedure code from the Denti-Cal Provider Manual.**

**Note:** A CCS SAR with a SCG or individual procedure code is only an authorization for the scope of benefits. All Denti-Cal policies, procedures, and requirements will apply to services authorized by a CCS SAR. Providers must refer to the Denti-Cal Provider Manual prior to treating a CCS-only and CCS/HF beneficiary.

### **SCG 01 – Preventive Dental Services**

010, 015, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125

### **SCG 02 – Orthodontic Services for Medically Handicapping Malocclusion**

112, 119, 120, 125, 551, 552, 554, 556, 557, 558, 599, 956, 957

### **SCG 03 – Primary Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 560, 562, 564, 599, 956, 957

### **SCG 04 – Mixed Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 560, 570, 572, 599, 956, 957

### **SCG 05 – Permanent Dentition for Cleft Palate and/or Cleft Lip Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 560, 580, 582, 599, 956, 957

### **SCG 06 – Primary Dentition for Facial Growth Management Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 590, 591, 592, 593, 594, 599, 956, 957

### **SCG 07 – Mixed Dentition for Facial Growth Management Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 595, 597, 599, 956, 957

### **SCG 08 – Permanent Dentition for Facial Growth Management Orthodontic Services**

112, 119, 120, 125, 551, 556, 558, 590, 592, 594, 596, 598, 599, 956, 957

### **SCG 09 – Oral Surgery Services**

200, 201, 202, 203, 204, 230, 231, 232, 300, 301, 400, 706, 716, 800, 811, 812

### **SCG 10 – Periodontic Services**

301, 400, 451, 452, 472, 473, 474

### **SCG 11 – Endodontic Services**

301, 400, 511, 512, 513, 530, 531, 534

### **SCG 12 – Restorative Services**

301, 400, 501, 502, 503, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671

### **SCG 13 – Laboratory Crown Services**

301, 400, 650, 651, 652, 653, 660, 663

### **SCG 14 – Fixed Prosthetic Services**

301, 400, 680, 681, 682, 692, 693

### **SCG 15 – Prosthetic Services for Complete Dentures**

700, 701

### **SCG 16 – Prosthetic Services for Partial Dentures**

702, 703, 704, 708, 709, 712

### **SCG 17 – Prosthetic Services for Stayplates**

706, 716

### **SCG 18 – Dental Services under General Anesthesia**

010, 015, 035, 041, 042, 043, 044, 045, 046, 049, 050, 061, 062, 110, 111, 112, 116, 117, 125, 200, 201, 202, 203, 204, 230, 231, 232, 400, 451, 452, 472, 473, 474, 501, 502, 511, 512, 513, 530, 531, 600, 601, 602, 603, 611, 612, 613, 614, 645, 646, 648, 670, 671, 800, 811, 812, 998

## CCS-only and CCS/HF Procedure Code Listing

All Denti-Cal criteria apply to all procedure codes, as do all Denti-Cal policies, procedures, and requirements. CCS-only and CCS/HF have additional benefits and modifications based on frequency and age limitations. Providers may request SAR authorizations for SCGs listed or for additional procedure codes not listed in this table, the provider is to refer to the Denti-Cal manual.

**Note:** CCS-only and CCS/HF beneficiaries are utilizing the Denti-Cal procedure codes. In addition, there are eight new procedure codes which are for CCS-only and CCS/HF use only. An asterisk (\*) identifies the new procedure codes.

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
010	Complete Examination, Initial Episode of Treatment Only	1, 18	
015	Examination Periodic (Annual)	1, 18	
035	Hospital Care	18	
041	* Sealant for First Deciduous Molars (B, I, L, and S)	1, 18	A benefit: First deciduous molars (B, I, L, and S)
042	* Sealant for Second Deciduous Molars (A, J, K, and T)	1, 18	A benefit: Second deciduous molars (A, J, K, and T)
043	* Sealant for Permanent First Bicuspid (4, 12, 20, and 28)	1, 18	A benefit: First bicuspid (5, 12, 21 and 28)
044	* Sealant for Permanent Second Bicuspid (5, 13, 21, and 29)	1, 18	A benefit: Second Bicuspid (4, 13, 20, and 29)
045	Pit and Fissure Dental Sealants for Permanent First Molars, Beneficiaries to Age Twenty-One (21)	1, 18	
046	Pit and Fissure Dental Sealants for Permanent Second Molars, Beneficiaries to Age Twenty-One (21)	1, 18	
049	Prophylaxis, Beneficiaries Through Age 12	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
050	Prophylaxis, Beneficiaries 13 Years of Age and Over	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
061	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Age 5 and Under	1, 18	A benefit 4 times per year for prophy or prophy/fluoride
062	Prophylaxis, Including Topical Application of Fluoride, Beneficiaries Ages 6 through 17 Years of Age	1, 18	A benefit 4 times per year for prophy or prophy/fluoride for beneficiaries age 6 up to age 21
110	Intraoral Periapical, Single, First Radiograph	1, 18	
111	Intraoral Periapical, Each Additional Radiograph	1, 18	
112	Intraoral, Complete Series	1, 2, 3, 4, 5, 6, 7, 8, 18	Allowed for final records (or procedure code 125) for orthodontic treatment

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
116	Bitewings, Two Radiographs	1, 18	
117	Bitewings, Four Radiographs	1, 18	
119	Photograph or Slide, First	2, 3, 4, 5, 6, 7, 8	A benefit for final records for orthodontic treatment
120	Photograph or Slide, Each Additional (Maximum Five)	2, 3, 4, 5, 6, 7, 8	A benefit for final records for orthodontic treatment
125	Panographic-Film, Single Radiograph	1, 2, 3, 4, 5, 6, 7, 8, 18	One additional benefit for final records (or procedure code 112) for orthodontic treatment
200	Removal of Erupted Tooth, Uncomplicated, First Tooth	9, 18	
201	Removal of Erupted Tooth (Teeth), Uncomplicated, Each Additional Tooth	9, 18	
202	Removal of Erupted Tooth, Surgical	9, 18	
203	Removal of Root or Root Tip Completely Covered by Bone	9, 18	
204	Removal of Root or Root Tip Not Totally Covered by Bone	9, 18	
230	Removal of Impacted Tooth, Soft Tissue	9, 18	
231	Removal of Impacted Tooth, Partial Bony	9, 18	
232	Removal of Impacted Tooth, Complete Bony	9, 18	
300	Therapeutic Drug Injection	9	
301	Conscious Sedation, Relative Analgesia (Nitrous Oxide), Per Visit	9, 10, 11, 12, 13, 14	
400	General Anesthesia	9, 10, 11, 12, 13, 14, 18	
451	Emergency Treatment (Periodontal Abscess, Acute Periodontitis, etc.)	10, 18	
452	Subgingival Curettage and Root Planing, Per Full Mouth Treatment	10, 18	No age restrictions
472	Gingivectomy or Gingivoplasty Per Quadrant	10, 18	No age restrictions
473	Osseous and Mucogingival Surgery Per Quadrant	10, 18	No age restrictions
474	Gingivectomy or Gingivoplasty, Treatment Per Tooth (Fewer Than Six Teeth)	10, 18	No age restrictions
501	Therapeutic Pulpotomy	12, 18	
502	Vital Pulpotomy	12, 18	
503	Recalcification, Includes Temporary Restoration, Per Tooth	12	



Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
511	Anterior Root Canal Therapy	11, 18	No Post-op film required for review
512	Bicuspid Root Canal Therapy	11, 18	No Post-op film required for review
513	Molar Root Canal Therapy	11, 18	No Post-op film required for review
530	Apicoectomy – Surgical Procedure in Conjunction With Root Canal Filling	11, 18	No Post-op film required for review
531	Apicoectomy (Separate Surgical Procedure) Per Tooth	11, 18	No Post-op film required for review
534	Apexification/Apexogenesis (Therapeutic Apical Closure, Per Treatment)	11	
551	Initial Orthodontic Examination/ Handicapping Labial-Lingual Deviation Index	2, 3, 4, 5, 6, 7, 8	
552	Banding and materials	2	
554	Per treatment visit - 24 visits maximum. One visit maximum per calendar month	2	
556	Quarterly observation, 6 quarters maximum	2, 3, 4, 5, 6, 7, 8,	
557	Diagnostic Work-up and Photographs (additional dental services are listed separately in Title 22 CCR, Section 51506(b), Procedure Code 112 - Intraoral, complete series; and Section 51506.1(b), Procedure Codes 956 and 957 - Cephalometric Head Films, including tracing)	2	
558	Study Models	2, 3, 4, 5, 6, 7, 8	One additional benefit for final records
560	Diagnostic work-up – photos, and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	3, 4, 5	
562	Banding and Materials ( <i>Primary Dentition for Cleft Palate</i> )	3	
564	Per treatment visit – 10 visits maximum. One visit maximum per calendar month	3	Active treatment/visit
570	Banding and Materials ( <i>Mixed Dentition for Cleft Palate</i> )	4	
572	Per treatment visit – 14 visits maximum. One visit maximum per calendar month	4	Active treatment/visit
580	Banding and materials ( <i>Permanent Dentition for Cleft Palate</i> )	5	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
582	Per treatment visit – 30 visits maximum. One visit maximum per calendar month	5	
590	Diagnostic work-up – photos, and study models (complete mouth series radiographs, procedure code 112, and cephalometric head films, procedure codes 956 and 957 including tracing, are separately payable at State fee schedule)	6, 7, 8	
591	* Banding and Materials ( <i>Primary Dentition for Facial Growth Management</i> )	6	Once per lifetime benefit for CCS-only and CCS/HF
592	Quarterly observation, maximum 6 quarters	6, 7, 8	Allowable once per patient prior to the initial treatment phase for Facial Growth Management
593	* Per Treatment Visit ( <i>Primary Dentition for Facial Growth Management</i> )	6	Once per calendar month, maximum of 10 visits for CCS-only and CCS/HF
594	Progress records prior to treatment	6, 7, 8	Once per patient prior to the initial treatment phase for Facial Growth Management
595	* Banding and Materials ( <i>Mixed Dentition for Facial Growth Management</i> )	7	Once per lifetime benefit for CCS-only and CCS/HF
596	Banding and Materials ( <i>Facial Growth Management</i> )	8	
597	* Per Treatment Visit ( <i>Mixed Dentition for Facial Growth Management</i> )	7	Once per calendar month, maximum of 14 visits, and a benefit for CCS-only and CCS/HF
598	Per treatment visit – 24 visits maximum. One visit maximum per calendar month <i>for Facial Growth Management</i>	8	
599	Retainer, removable, for each upper and lower	2, 3, 4, 5, 6, 7, 8	
600	One Surface, Primary Tooth	12, 18	
601	Two Surfaces, Primary Tooth	12, 18	
602	Three Surfaces, Primary Tooth	12, 18	
603	Four or More Surfaces, Primary Tooth (Maximum)	12, 18	
611	One Surface, Permanent Tooth	12, 18	
612	Two Surfaces, Permanent Tooth	12, 18	
613	Three Surfaces, Permanent Tooth	12, 18	
614	Four or More Surfaces, Permanent Tooth (Maximum)	12, 18	
645	Composite or Plastic Restoration	12, 18	

Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
646	Composite or Plastic Restorations, Two or More in a Single Tooth (Maximum)	12, 18	
648	Pin Retention (Per Pin), Maximum Three Pins Per Tooth	12, 18	
650	Crown, Plastic (Laboratory Processed)	13	
651	Crown, Plastic With Metal	13	
652	Crown, Porcelain	13	
653	Crown, Porcelain Fused to Metal	13	
660	Crown, Cast, Full	13	
663	Crown, Cast, Three-Quarters	13	
670	Crown, Stainless Steel, Primary	12, 18	
671	Crown, Stainless Steel, Permanent	12, 18	
680	Fixed Bridge Pontic, Cast Metal	14	
681	Fixed Bridge Pontic, Slotted Facing	14	
682	Fixed Bridge Pontic, Slotted Pontic	14	
692	Fixed Bridge Pontic, Porcelain Fused to Metal	14	
693	Fixed Bridge Pontic, Plastic Processed to Metal	14	
700	Complete Maxillary Denture	15	A benefit once every year up to age 21 with appropriate documentation due to growth
701	Complete Mandibular Denture	15	A benefit once every year up to age 21 with appropriate documentation due to growth
702	Partial Upper or Lower Denture With Two Assembled Wrought Wire or Cast Chrome Cobalt Clasps With Occlusal Rests and Necessary Teeth, Acrylic Base	16	A benefit for age 16-21. Does not need to oppose a full denture.
703	Partial Upper or Lower Denture With Cast Chrome Skeleton, Two Cast Clasps, and Necessary Teeth	16	A benefit for age 16-21. Does not need to oppose a full denture.
704	Clasp, Third and Each Additional Clasp for Procedure 703	16	
706	Partial Upper or Lower Stayplate, Acrylic Base Fee, Teeth and Clasps Extra	9, 17	A benefit once every year up to age 21. May replace any missing tooth/teeth except 3 <sup>rd</sup> molars
708	Partial Upper or Lower Denture, All Acrylic With Two Assembled Wrought Wire Clasps having Two Clasp Arms, But No Rests, and Necessary Teeth	16	A benefit for age 16-21. Does not need to oppose a full denture.
709	Clasp, Third and Each Additional for Procedure 708	16	A benefit for age 16-21. Does not need to oppose a full denture.



Procedure Code	Denti-Cal Procedure Code Description	Service Code Grouping	Additional Criteria for CCS-only and CCS/HF Benefits
712	Clasp, Third and Each Additional for Procedure 702	16	A benefit for age 16-21. Does not need to oppose a full denture.
716	Clasp or Teeth, Each for Procedure 706	9, 17	
800	Fixed, Unilateral Band Type Space Maintainer; (Including Band)	9, 18	A benefit to hold space for missing permanent posterior tooth.
811	Fixed, Unilateral, Stainless Steel Crown Type Space Maintainer; (Including Crown Procedures 670 or 671); Space Maintainer	9, 18	A benefit to hold space for missing permanent posterior tooth.
812	Fixed, Bilateral, Lingual, or Palatal Bar Type Space Maintainer	9, 18	A benefit to hold space for missing permanent posterior tooth.
956	Cephalometric Head Film – single, first film, including tracing	2, 3, 4, 5, 6, 7, 8	Allowed for final records for orthodontic treatment
957	Cephalometric Head Film – each additional film including tracing	2, 3, 4, 5, 6, 7, 8	Allowed for final records for orthodontic treatment
998	Unlisted therapeutic service	18	

### Contact Listings for Denti-Cal, Medi-Cal Eligibility, GHPP, and/or CCS

**Denti-Cal Program** - Providers are to contact the Denti-Cal Program for CCS/Medi-Cal, GHPP/Medi-Cal, CCS-only, and CCS/HF questions related to payments of claims and/or authorizations of TARs.

Provider Toll-Free Line	(800) 423-0507
Beneficiary Toll-Free Line	(800) 322-6384
Electronic Data Interchange (EDI) Support	(916) 853-7373
Denti-Cal Forms Fax	(209) 832-2105

**Medi-Cal Program** - Providers are to contact the Medi-Cal Program for CCS/Medi-Cal, GHPP/Medi-Cal, CCS-only, and CCS/HF eligibility, POS, or Internet questions.

Automated Eligibility Verification System (AEVS)	(800) 456-2387
Eligibility Message Help Desk, POS, and/or Internet Help Desk	(800) 541-5555
Internet Eligibility Web Site	<a href="http://www.medi-cal.ca.gov">www.medi-cal.ca.gov</a>

**GHPP State Office** - Providers are to contact this State office for GHPP-only related questions.

Genetically Handicapped Persons Program	(916) 327-0470
MS 8200	or (800) 639-0597
P. O. Box 997413	Fax (916) 327-1112
Sacramento, CA 95899	

**CCS-only and CCS/HF County Programs and CCS State Regional Offices** – Providers are to utilize the following guidelines when selecting the correct CCS county program or CCS State Regional Office:

- For questions on eligibility, SAR authorizations, and submitting claims in Independent counties, please contact the CCS Independent county office.
- For questions on eligibility in *Dependent counties*, please contact the CCS Dependent county office or the appropriate CCS State Regional Office.
- For questions on prior authorization or submitting claims in Independent counties, contact the appropriate CCS State Regional Office.

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
CMS Sacramento Regional Office MS 8100 P.O. Box 997413 Sacramento, CA 95899	(916) 327-3100	(916) 327-0998	State	Sacramento
CMS Northern California Region/ San Francisco Office 575 Market Street, Suite 300 San Francisco, CA 94105	(415) 904-9699	(415) 904-9698	State	San Francisco
CMS Southern California Regional Office 311 South Spring Street Suite 01-11 Los Angeles, CA 90013	(213) 897-3571	(213) 897-3501 (213) 897-2882	State	Southern California
Alpine 75-B Diamond Valley Road Markleeville, CA 96120	(530) 694-2146	(530) 694-2252	Dependent	Sacramento
Amador 1003 Broadway Suite 101 Jackson, CA 95642	(209) 223-6630	(209) 223-3524	Dependent	Sacramento
Butte 1370 Ridgewood, Drive, Suite 22 Chico, CA 95379	(530) 895-6546	(530) 895-6557	Independent	Sacramento
Calaveras 891 Mountain Ranch Road San Andreas, CA 95249	(209) 754-6460	(209) 754-6459	Dependent	Sacramento
Colusa 251 East Webster Street Colusa, CA 95932	(530) 458-0380	(530) 458-4136	Dependent	Sacramento
Contra Costa 597 Center Avenue, Suite 110 Martinez, CA 94553	(925) 313-6100	(925) 313-6115	Independent	San Francisco



County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Del Norte 880 Northcrest Drive Crescent City, CA 95531	(707) 464-3191	(707) 465-1783	Dependent	San Francisco
El Dorado 929 Spring Street Placerville, CA 95667	(530) 621-6128	(530) 622-5109	Dependent	Sacramento
Fresno 1221 Fulton Mall Fresno, CA 93721	(559) 445-3300	(559) 445-3253	Independent	Sacramento
Glenn 240 North Villa Avenue Willows, CA 95988	(530) 934-6588	(530) 934-6463	Dependent	Sacramento
Humboldt 317 Second Street Eureka, CA 95501-0425	(707) 445-6212	(707) 441-5686	Independent	San Francisco
Imperial 935 Broadway El Centro, CA 92243	(760) 482-4434	(760) 482-4664	Dependent	Southern California
Inyo 207-A West South Street Bishop, CA 93514	(760) 873-7868	(760) 876-7800	Dependent	Southern California
Kern 1800 Mount Vernon Ave. Second Floor Bakersfield, CA 93306	(661) 868-0531	(661) 868-0216	Independent	Southern California
Kings 330 Campus Drive Hanford, CA 93230	(559) 584-1401	(559) 582-0297	Dependent	San Francisco
Lake 922 Bevins Court Lakeport, CA 95453	(707) 263-1090	(707) 262-4280	Dependent	Sacramento
Lassen 1445 B Paul Bunyan Rd Susanville, CA 96130	(530) 251-8183	(530) 251-4871	Dependent	Sacramento
Los Angeles 9320 Telstar Avenue, Suite 226 El Monte, CA 91731	(800) 288-4584	(800) 924-1154	Independent	Southern California
Madera 14215 Road 28 Madera, CA 93638	(559) 675-7893	(559) 675-7803	Dependent	Sacramento
Marin 555 Northgate Drive, Suite B San Rafael, CA 94903	(415) 499-6877	(415) 499-6396	Independent	San Francisco

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Mariposa 4988 Eleventh Street Mariposa, CA 95338	(209) 966-3689	(209) 966-4929	Dependent	Sacramento
Mendocino 1120 South Dora Street Ukiah, CA 95482-8333	(707) 472-2600	(707) 472-2735	Independent	San Francisco
Merced 260 East 15 <sup>th</sup> Street Merced, CA 95340	(209) 381-1114	(209) 381-1102	Independent	Sacramento
Modoc 441 North Main Street Alturas, CA 96101	(530) 233-6311	(530) 233-5754	Dependent	Sacramento
Mono 437 Old Mammoth Road, Suite Q Mammoth Lakes, CA 93546	(760) 924-1830	(760) 942-1831	Dependent	Southern California
Monterey 1441 Constitution Blvd Building 400, Suite 200 Salinas, CA 93906	(831) 755-5500	(831) 783-0729	Independent	San Francisco
Napa 2261 Elm Street, Building G Napa, CA 94559	(707) 253-4391	(707) 253-4880	Independent	San Francisco
Nevada 10433 Willow Valley Rd. Suite B Nevada City, CA 95959	(530) 265-1450	(530) 265-761	Dependent	Sacramento
Orange 200 West Santa Ana Blvd Suite 100 Santa Ana, CA 93701	(714) 347-0300	(714) 347-0301	Independent	Southern California
Placer 379 Nevada Street Auburn, CA 95603	(530) 886-3630	(530) 886-3606	Independent	Sacramento
Plumas 270 County Hospital Rd Quincy, CA 95971	(530) 283-6330	(530) 283-6110	Dependent	Sacramento
Riverside 10769 Hole Ave Suite 220 Riverside, CA 92505	(909) 358-5401	(909) 358-5198	Independent	Southern California
Sacramento 9616 Micron Ave Suite 640 Sacramento, CA 95827	(916) 875-9900	(816) 369-0639	Independent	Sacramento

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
San Benito 439 Fourth Street Hollister, CA 95023	(831) 637-5367	(831) 637-9073	Dependent	San Francisco
San Bernardino 515 North Arrowhead Ave San Bernardino, CA 92415	(909) 388-5810	(909) 388-5815	Independent	Southern California
San Diego 6160 Mission Gorge Rd San Diego, CA 92120	(619) 528-4000	(619) 528-4087	Independent	Southern California
San Francisco 30 Van Ness Avenue, Suite 210 San Francisco, CA 94102	(415) 575-5700	(415) 575-5790	Independent	San Francisco
San Joaquin 2233 Grand Canal Blvd, Suite 105 Stockton, CA 95207	(209) 953-3600	(209) 953-3632	Independent	Sacramento
San Luis Obispo 2156 Sierra Way San Luis Obispo, CA 93401	(805) 781-5527	(805) 781-4492	Independent	Southern California
Santa Barbara 1111 Chapala Street, Suite 200 Santa Barbara, CA 93101	(805) 681-5360	(805) 681-4958	Independent	Southern California
Santa Clara 720 Empey Way San Jose, CA 95128	(408) 793-6200	(408) 793-6250	Independent	San Francisco
Santa Cruz 12 West Beach Street Watsonville, CA 95076	(831) 763-8900	(831) 763-8910	Independent	San Francisco
Shasta 3499 Hiatt Drive Redding, CA 96033	(530) 225-5760	(530) 225-5355	Dependent	Sacramento
Sierra 202 Front Street Loyalton, CA 96118	(530) 993-6700	(530) 993-6790	Dependent	Sacramento
Siskiyou 806 South Main Street Yreka, CA 96097	(530) 841-4064	(530) 841-4075	Dependent	Sacramento
Solano 275 Beck Avenue, MS 5-230 Fairfield, CA 94533	(707) 784-8650	(707) 421-7484	Independent	San Francisco
Sonoma 625 Fifth Street Santa Rosa, CA 95404	(707) 565-4500	(707) 565-4520	Independent	San Francisco
Stanislaus 830 Scenic Drive, Suite D Modesto, CA 95350	(209) 558-7515	(209) 558-7862	Independent	Sacramento

County/Office Address	Telephone	FAX	Dependent, Independent or State	Regional State Office
Sutter 1445 Veterans Memorial Circle Yuba City, CA 95993	(530) 822-7215	(530) 822-7223	Dependent	Sacramento
Tehama 1860 Walnut Street, Building C Red Bluff, CA 96080	(530) 527-6824	(530) 527-0362	Dependent	Sacramento
Trinity 1 Industrial Park Way Weaverville, CA 96093	(530) 623-1358	(530) 623-1297	Dependent	Sacramento
Tulare 115 East Tulare Avenue Tulare, CA 93274	(559) 685-2533	(559) 685-4701	Independent	Southern California
Tuolumne 20111 Cedar Road North Sonora, CA 95370	(209) 533-7400	(209) 533-7406	Dependent	Sacramento
Ventura 2240 East Gonzales Road Suite 260 Oxnard, CA 93036	(805) 981-5281	(805) 981-5280	Independent	Southern California
Yolo 825 East Street, Suite 302 Woodland, CA 95776	(530) 402-2800	(530) 402-2809	Independent	Sacramento
Yuba 6000 Lindhurst Avenue Suite 601-B Marysville, CA 95901	(530) 741-6340	(530) 749-6830	Dependent	Sacramento

# Denti-Cal Bulletin



VOLUME 20, NUMBER 25 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2004

## **EDI: MEDI-CAL DENTAL TELECOMMUNICATIONS PROVIDER AND BILLER APPLICATION/AGREEMENT**

In the next few weeks, providers enrolled to submit their claims electronically will receive a Medi-Cal Dental Telecommunications Provider and Biller Application/Agreement (hereinafter "Agreement") in the mail. This serves as a Trading Partner Agreement under the auspices of the Federal Health Insurance Portability and Accountability Act (HIPAA), and will replace the existing EDI Provider Application/Agreement currently on file. By signing this form, in addition to being able to submit claims and Treatment Authorization Requests (TARs) electronically and having the ability to retrieve the reports associated to these submissions, EDI-enrolled providers will eventually be able to submit and receive new X12 standard transactions as they become available in the future. The X12 standard transactions will include TAR responses, claim status and claim status responses, claim payment and remittance advice information.

You must sign this new Agreement if you wish to begin or continue submitting electronic claims. The deadline for signing the new Agreement, which replaces any former Agreement, is November 1, 2004. Failure or refusal to sign this Agreement may be grounds for immediate suspension from participation in the electronic claims submission program pursuant to Title 22 California Code of Regulations (CCR) Section 51502.1(j).

If you would like additional information or you would like to enroll to submit claims electronically, please contact Provider Services toll free at (800) 423-0507 or call (916) 853-7373 and ask for EDI Support. Requests may also be sent by email to [denti-caledi@delta.org](mailto:denti-caledi@delta.org).

- ✓ Continue to submit only Denti-Cal-approved local procedure codes. Current Dental Terminology (CDT) codes cannot be accepted at this time.
- ✓ For additional information regarding HIPAA, please refer to the following websites or direct an email to [Denti-Cal\\_HIPAA@delta.org](mailto:Denti-Cal_HIPAA@delta.org).
  - [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov) - Medi-Cal website
  - [www.dhs.cahwnet.gov/hipaa/](http://www.dhs.cahwnet.gov/hipaa/) - Dept. of Health Services Office of HIPAA Compliance
  - <http://aspe.hhs.gov/admsimp/index.shtml> - Department of Health and Human Services

# Denti-Cal Bulletin



VOLUME 20, NUMBER 26 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 SEPTEMBER 2004

## CHANGE IN EXPLANATION OF BENEFITS (EOB)

Providers are issued an Explanation of Benefits (EOB) each week which lists, in detail, all activity on documents for accounting and tracking purposes. Listed on the weekly EOB are all paid claims, adjustments, and current status of pending documents. In addition, the EOB contains seminar information, accounts payable and receivable activity, and notification of direct deposit information. Each service office with claim activity receives an EOB which should be used for payment posting, account balancing, and monitoring the progress of documents in process as they go through the system.

Effective October 21, 2004, changes will be reflected on the EOB. In addition to existing information, Denti-Cal is adding or changing details as follows:

- ✓ A/R NBR remains the same.
- ✓ EFFECTIVE DATE remains the same.
- ✓ PREVIOUS BALANCE is now PRINCIPAL BALANCE.
- ✓ INTEREST APPLIED, if applicable, is the amount of interest applied to the outstanding A/R. Always factored in, it is now recorded.
- ✓ APPLIED is now PD, VOID, OR TRANSFERRED.
- ✓ CURRENT BALANCE remains the same.
- ✓ TRANSACTION TYPE reflects the type of payment transaction(s) if applicable.
- ✓ REMARKS remain the same.
- ✓ NON CLAIMS SPECIFIC A/R AMOUNT remains the same.
- ✓ CHECK AMOUNT remains the same.

Listed below is an example of the new EOB. Should additional changes occur, providers will be notified.

PATIENT NAME		PATIENT ID		PATIENT DOB		PATIENT SEX		PATIENT RACE		PATIENT ETHNICITY		PATIENT ADDRESS		PATIENT CITY		PATIENT STATE		PATIENT ZIP		PATIENT PHONE		PATIENT FAX		PATIENT EMAIL		PATIENT URL																															
<p>IF THERE IS A LACK OF RECENT DENTI-CAL ACTIVITY FOR THIS SERVICE OFFICE, THE OUTSTANDING BALANCE OF THE RECEIVABLE WILL BE REASSIGNED TO AN ACTIVE SERVICE OFFICE.</p> <p>RECEIVABLES (AMOUNTS YOU OWE US):</p> <p>***** THE FOLLOWING IS ACCOUNT ACTIVITY NOT RELATED TO SPECIFIC CLAIMS:</p> <table border="1"> <thead> <tr> <th>EFFECTIVE DATE</th> <th>PRINCIPAL BALANCE</th> <th>INTEREST APPLIED</th> <th>PD, VOID, OR TRANSFERRED</th> <th>CURRENT BALANCE</th> <th>TRANSACTION TYPE</th> </tr> </thead> <tbody> <tr> <td>A/R NBR: 01907</td> <td>REMARKS: INTERNAL ADJUSTMENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>08/01/04</td> <td>600.00</td> <td>0.00</td> <td>0.00</td> <td>600.00</td> <td></td> </tr> <tr> <td></td> <td>600.00</td> <td>0.00</td> <td>0.00</td> <td>600.00</td> <td></td> </tr> <tr> <td></td> <td>600.00</td> <td>0.00</td> <td>0.00</td> <td>600.00</td> <td></td> </tr> </tbody> </table>																												EFFECTIVE DATE	PRINCIPAL BALANCE	INTEREST APPLIED	PD, VOID, OR TRANSFERRED	CURRENT BALANCE	TRANSACTION TYPE	A/R NBR: 01907	REMARKS: INTERNAL ADJUSTMENT					08/01/04	600.00	0.00	0.00	600.00			600.00	0.00	0.00	600.00			600.00	0.00	0.00	600.00	
EFFECTIVE DATE	PRINCIPAL BALANCE	INTEREST APPLIED	PD, VOID, OR TRANSFERRED	CURRENT BALANCE	TRANSACTION TYPE																																																				
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## **GINGIVECTOMY OR GINGIVOPLASTY TREATMENT PER TOOTH (FEWER THAN SIX TEETH)**

When submitting Treatment Authorization Requests (TARs) for Procedure 474 (Gingivectomy or Gingivoplasty, Treatment per Tooth (Fewer Than Six Teeth)), providers are reminded that prior authorization, a periodontal evaluation chart, and diagnostic periapical radiographs are required. However, it is not necessary for Procedure 452 (Subgingival Curettage and Root Planing, per Full Mouth Treatment) to be performed six to nine months prior to requesting authorization for Procedure 474.

Denti-Cal has modified the following Adjudication Reason Codes to reflect this:

- 083** Procedures 472 and 473 may be a benefit following Procedure 452 and when the 6-9 month postoperative charting justifies need.
- 389** Pregnancy aid codes require a periodontal chart to perform 472 and 473. In addition, Procedure 452 must be in history, or documentation must be submitted stating why a prior 452 was not performed.

## **OMNI 3300 POS DEVICE**

The Department of Health Services will be deactivating all Hypercom T-7 devices by October 2004. If you currently do not use the Verifone Omni 300 Point of Service (POS) device, please contact the POS Help Desk at 1 (800) 541-5555 for information on obtaining the new POS device.

### **REMINDER! UPCOMING SEMINARS**

Check Denti-Cal Bulletins (Volume 20, Numbers 21 and 22) for specifics about these October seminars:

October 14, 2004	Advanced Seminar/D972	Stockton
October 15, 2004	Basic Seminar/D973	Sacramento
October 15, 2004	EDI Seminar	Sacramento
October 28, 2004	Basic Seminar/D974	Eureka
October 29, 2004	Advanced Seminar/D975	Eureka

## **EDI NEWS – ENROLLMENT INFORMATION**

For an EDI Enrollment Packet, please contact Provider Services toll-free at (800) 423-0507. For an EDI How-To Guide or other information on submitting Denti-Cal claims and Treatment Authorization Requests (TARs) electronically, phone (916) 853-7373 and ask for EDI Support.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.

## NO CLAIM ACTIVITY FOR 12 MONTHS

Providers who have had no claim activity (submitting no claims or requesting reimbursement) in a 12-month period shall be deactivated per Welfare and Institutions Code Section 14043.62 which reads as follows:

“The department shall deactivate, immediately and without prior notice, the provider numbers used by a provider to obtain reimbursement from the Medi-Cal program when warrants or documents mailed to a provider’s mailing address or its pay to address, if any, or its service or business address, are returned by the United States Postal Service as not deliverable or when a provider has not submitted a claim for reimbursement from the Medi-Cal program for one year. Prior to taking this action the department shall use due diligence in attempting to contact the provider at its last known telephone number and ascertain if the return by the United States Postal Service is by mistake or shall use due diligence in attempting to contact the provider by telephone or in writing to ascertain whether the provider wishes to continue to participate in the Medi-Cal program. If deactivation pursuant to this section occurs, the provider shall meet the requirements for reapplication as specified in this article or the regulations adopted thereunder.”

If you have not treated any Medi-Cal patients within a 12-month period your Medi-Cal Dental Program provider number will be deactivated. If you wish to remain an active provider in the Medi-Cal Dental Program, complete the form below and mail to: Post Office Box 15609, Sacramento, CA 95852-0609. If the form is not received by Denti-Cal prior to the end of the 12-month period, your provider number will be deactivated. If your provider number is deactivated, you must reapply for enrollment in the Medi-Cal Dental Program. To request an enrollment package contact Denti-Cal toll free at (800) 423-0507.

-----  
Yes, I wish to remain a provider in the California Medi-Cal Dental Program because \_\_\_\_\_

Check the boxes that apply to your practice:

☐ AAH (Alameda Alliance Health)

☐ GHPP (Genetically Handicapped  
Persons Program)

☐ CCS (California Children’s Services)

☐ GMC (Geographic Managed Care)  
Plan Name: \_\_\_\_\_

☐ DMC (Dental Managed Care)  
Plan Name: \_\_\_\_\_

☐ HFP (Healthy Families Program)

☐ FQHC/RHC (Federally Qualified Health  
Clinic/Rural Health Clinic)

\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Provider Signature



# Denti-Cal Bulletin



VOLUME 20, NUMBER 27 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2004

## COMING SOON! NEW MEDI-CAL BENEFITS IDENTIFICATION CARD (BIC) NUMBERS

Starting in January 2005, Medi-Cal will issue new BICs with a 14-character alphanumeric identification (ID) number. The new cards will be phased in statewide. Current BICs have either a 10-character numeric or a 10-character alphanumeric ID number.

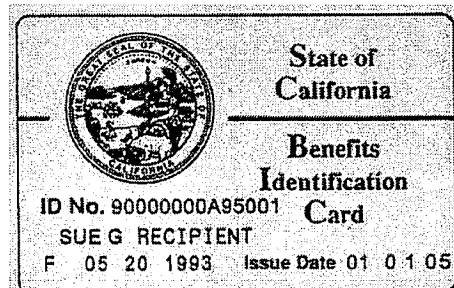
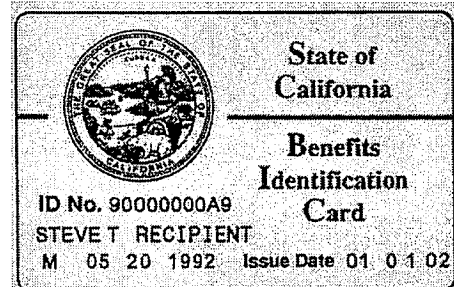
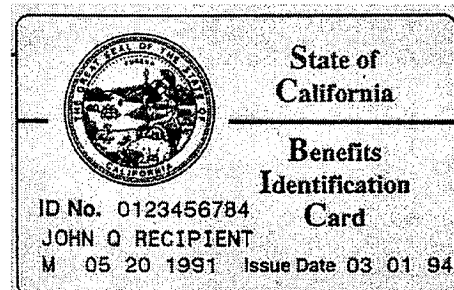
The new BIC has a 14-character alphanumeric comprised of a nine-character alphanumeric, a check digit and a four-digit Julian date matching the issue date of the BIC. The new ID will be processed the same way as the 10-character alphanumeric BIC ID. Once these cards are distributed statewide, the 10-digit ID numbers will be phased out.

Current billing and eligibility verification practices are not affected at this time.

**Note:** Providers are responsible for verifying the beneficiary's identity and eligibility for services. Eligibility should be verified using the information from the BIC ID prior to rendering service. For assistance with obtaining eligibility information, please call the Automatic Eligibility Verification System (AEVS) Help Desk at (800) 456-2387. For assistance with the Point of Service (POS) device or the Medi-Cal web site, call the POS/Internet Help Desk at (800) 541-5555.

A variety of methods allow providers to verify beneficiary eligibility. For additional information regarding the Medi-Cal Benefits Identification Card, please refer to Section 2 of the *Denti-Cal Provider Manual* or phone (800) 423-0507.

If there are any questions, please call Denti-Cal toll-free at (800) 423-0507.



The BIC illustrations are all valid ID versions.

- All numeric, 10 characters:  
0123456784
- Alphanumeric, 10 characters:  
90000000A9
- Alphanumeric, 14 character (new):  
90000000A95001

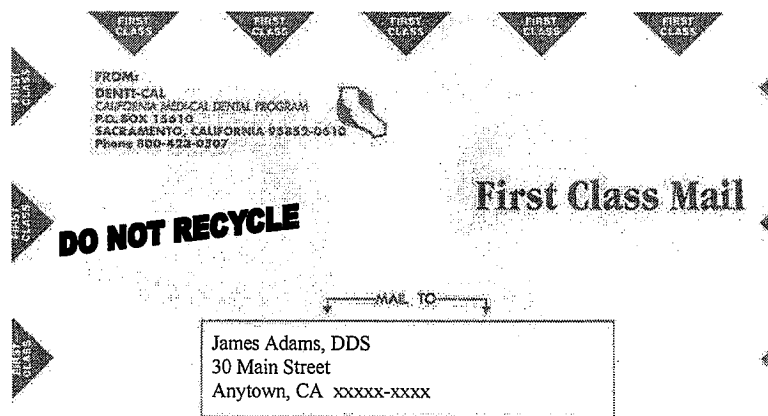
# Denti-Cal Bulletin



VOLUME 20, NUMBER 28 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2004

## RECYCLING RADIOGRAPHS AND PHOTOGRAPHS

**Radiographs and photographs are no longer automatically returned.** If you want x-rays returned, it is imperative that the preimprinted or typed return address **x-ray envelopes** be used, with the address clearly legible. **Providers must indicate "Do Not Recycle" only on the front of envelopes specifically used for x-rays – DC-014A, -014B, -014C, -014D, -014E, -014F – as seen in the following example:**



Many providers are erroneously indicating "Do Not Recycle" on the outside of the claim submission envelope. This results in radiographs and photographs not being returned.

"Do Not Recycle" stickers are available free of charge from the Denti-Cal's forms supplier. They may be ordered by marking the DC-020 box in the upper right hand corner of the Forms Reorder Request form and faxing the form to (209) 832-2105.

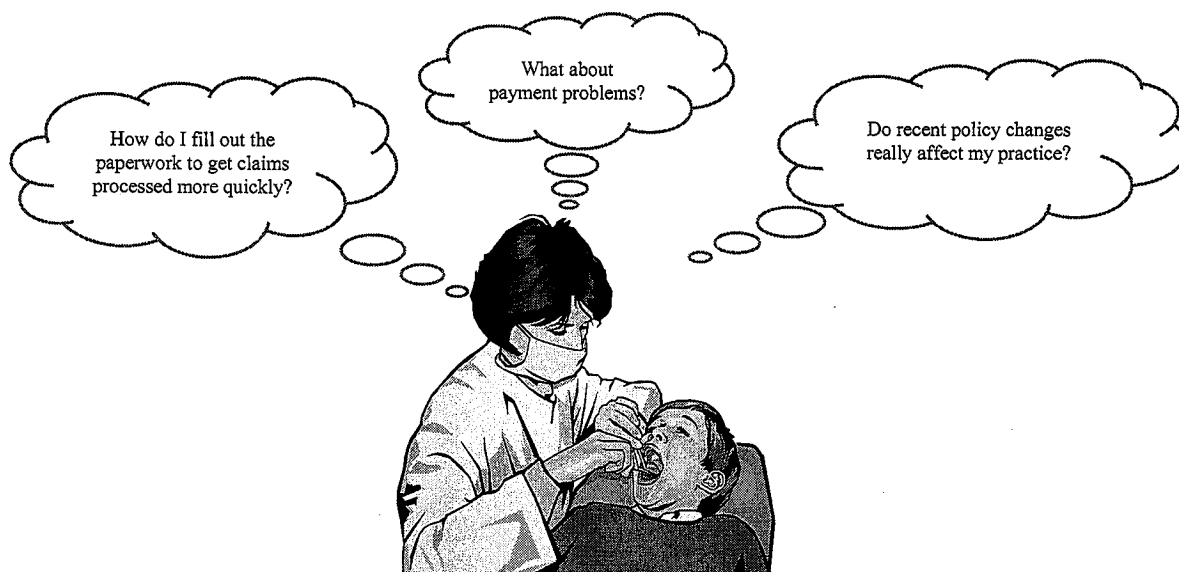
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# Denti-Cal Bulletin



VOLUME 20, NUMBER 29 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2004

## SEMINAR SCHEDULE FOR FIRST QUARTER, 2005



### **Basic Seminars**

- Introduction to California Medi-Cal Dental Program
- Enrollment and Eligibility
- Proper Billing Procedures

### **Workshops**

- Enrollment and Eligibility
- Criteria and Current Changes
- Hands-On Forms Completion
- HIPAA Informational Updates

### **Advanced Seminars**

- Criteria Presented *by a Dentist for Dentists and Staff*
- View Actual Treatment Slides

### ABOUT THE SEMINARS AND WORKSHOPS

- ✓ Seminars and workshops are offered *free of charge*.
- ✓ Sessions begin *on time*, so arrive early.
- ✓ Bring your updated *Denti-Cal Provider Manual* to get the most from the training.
- ✓ Audio/video recording is not allowed.
- ✓ Billing information is subject to change.
- ✓ Reservations ensure that a space is available for you! Likewise, please let us know if you are unable to attend.
- ✓ Continuing education credits are available:

Basic Seminars	3 CE credits
Advanced Seminars	4 CE credits
Workshops	6 CE credits
- ✓ Some facilities may charge for parking.
- ✓ The use of cell phones during the seminar is strongly discouraged. If you must be available for calls, please be courteous and set the ringer on vibrate.

For additional information, questions and to register, please phone Denti-Cal toll free at 800/423-0507.

## Denti-Cal Seminar Schedule First Quarter 2005

### CONCORD

#### D987/Workshop

**February 3, 2005**

9:00 a.m. – 4:00 p.m.

Hilton Hotel

1970 Diamond Boulevard

Concord, CA 94520

(925) 827-2000

#### D988/Advanced Seminar

**February 4, 2005**

8:00 a.m. – 12:00 noon

Hilton Hotel

1970 Diamond Boulevard

Concord, CA 94520

(925) 827-2000

### SACRAMENTO

#### D984/Workshop

**January 17, 2005**

9:00 a.m. – 4:00 p.m.

Holiday Inn

5321 Date Avenue

Sacramento, CA 95841

(916) 338-5800

#### D985/Advanced

**January 18, 2005**

8:00 a.m. – 12:00 noon

Holiday Inn

5321 Date Avenue

Sacramento, CA 95841

(916) 338-5800

### BURBANK

#### D993/Workshop

**March 17, 2005**

9:00 a.m. – 4:00 p.m.

Hilton Hotel

2500 Hollywood Way

Burbank, CA 91505

(818) 843-6000

#### D994/Advanced Seminar

**March 18, 2005**

8:00 a.m. – 12:00 noon

Hilton Hotel

2500 Hollywood Way

Burbank, CA 91505

(818) 843-6000

### FRESNO

#### D986/Workshop

**January 28, 2005**

9:00 a.m. – 4:00 p.m.

Radisson Hotel

2233 Ventura Street

Fresno, CA 93721

(559) 268-1000

### SAN BERNARDINO

#### D989/Advanced Seminar

**February 10, 2005**

8:00 a.m. – 12:00 noon

Hilton Hotel

283 E. Hospitality Lane

San Bernardino, CA 92408

(909) 889-0133

#### D990/Basic Seminar

**February 11, 2005**

9:00 a.m. – 12:00 noon

Hilton Hotel

283 E. Hospitality Lane

San Bernardino, CA 92408

(909) 889-0133

### SAN DIEGO

#### D991/Basic Seminar

**March 3, 2005**

9:00 a.m. – 12:00 noon

Embassy Suites

601 Pacific Highway

San Diego, CA 92101

(619) 239-2400

#### D992/Advanced Seminar

**March 4, 2005**

8:00 a.m. – 12:00 noon

Embassy Suites

601 Pacific Highway

San Diego, CA 92101

(619) 239-2400

# DENTI-CAL PROVIDER TRAINING SEMINAR RESERVATION FORM

**TYPE OF SEMINAR:**

☐ Basic Seminar  
(Seminar Code Number: \_\_\_\_\_)

☐ Workshop  
(Seminar Code Number: \_\_\_\_\_)

☐ Advanced Seminar  
(Seminar Code Number: \_\_\_\_\_)

Seating for all seminars is limited, so reserve your place today by returning this reservation form in the enclosed envelope to Denti-Cal. Be sure to include the seminar code number and indicate the names of staff who will be attending. Denti-Cal is unable to confirm your reservation by mail, so be sure to note the date and time on your calendar. *To help us keep administrative costs down and continue to offer you free educational seminars, we request that you notify us in the event you need to cancel your reservation.*

**PLEASE TYPE OR PRINT CLEARLY**

Yes, I/my office staff wish to attend the Denti-Cal provider training seminar(s) indicated above. The name(s) of the person(s) attending are:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

In the area below, please type or print the dentist's name and office address:

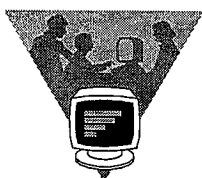
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\_\_\_\_\_  
\_\_\_\_\_

Provider No.: \_\_\_\_\_  
  
Phone No.: \_\_\_\_\_

# Denti-Cal Bulletin



VOLUME 20, NUMBER 30 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 NOVEMBER 2004



## Learn About Electronic Claims Submission!

### ELECTRONIC DATA INTERCHANGE SEMINARS

#### *1st Quarter Schedule*

Electronic Data Interchange (EDI) seminars provide a general introduction to electronic claims submission and helpful tips for offices currently submitting claims electronically. These FREE presentations cover the advantages of EDI, how electronic claims are processed, how to best utilize electronic reports and other practical hints.

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### First Quarter 2005 Seminar Schedule

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<u>DATE</u>	<u>CITY</u>	<u>TIME</u>	<u>LOCATION/PHONE NUMBER</u>
January 28	Norwalk	1:15 p.m. to 4:15 p.m.	Norwalk Marriott 13111 Sycamore Drive (562) 863-5555
February 25	Carmel	9:00 a.m. to noon	Carmel Mission Inn 3665 Rio Road (831) 624-1841
March 18	Indian Wells	1:15 p.m. to 4:15 p.m.	Renaissance Esmeralda Resort 44-400 Indian Wells Lane (760) 773-4444

Seating is limited.  
For reservations, please call Denti-Cal toll-free at (800) 423-0507.

*Continuing education credits from the Academy of General Dentistry are available.*

# Denti-Cal Bulletin



VOLUME 20, NUMBER 31 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2004

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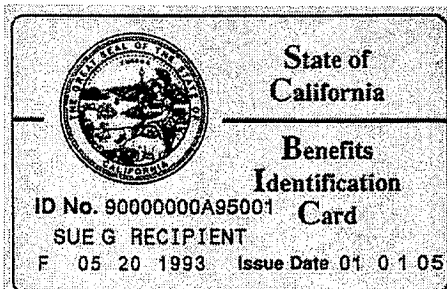
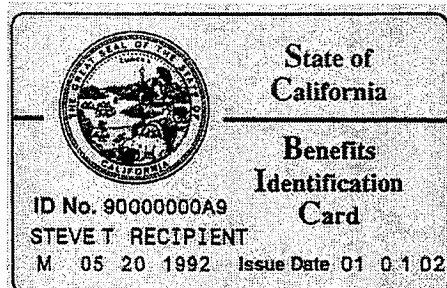
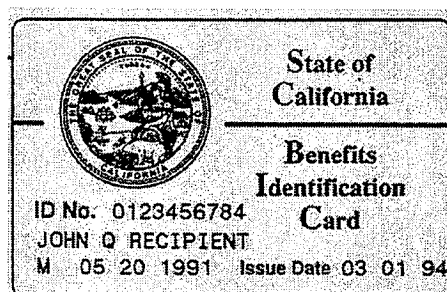
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- Alphanumeric, 14 character (new):  
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# Denti-Cal Bulletin



VOLUME 20, NUMBER 32 P.O. BOX 15609 SACRAMENTO, CALIFORNIA 95852-0609 DECEMBER 2004

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Check the boxes that apply to your practice:

☐ AAH (Alameda Alliance Health)

☐ GHPP (Genetically Handicapped Persons Program)

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Plan Name: \_\_\_\_\_

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Plan Name: \_\_\_\_\_

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\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Provider Signature